PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT 31 AM 10:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F94000006184**

1. Corporation Name
SIMRAD, INC.

Principal Place of Business	Mailing Address
19210 33RD AVE.. W. LYNNWOOD WA 98036	19210 33RD AVE.. W. LYNNWOOD WA 98036

REINSTATEMENT 97 ao

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
19210-33Rd AVE, West	19210-33 Rd AVE West
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.: SUITE A
City & State: LYNNWOOD WA	City & State: LYNNWOOD WA
Zip: 98036 Country: USA	Zip: 98036 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/05/1994

5. FEI Number: 91-1411826 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~PCD~~	~~HANSEN, KAARE~~	~~STRANDPROMENADEN 50 N-3191~~	~~HORTEN NORWAY~~
~~C~~	~~ODD GUNNAR BOGEN~~	~~19210 - 33RD AVE WEST~~	~~LYNNWOOD WA~~
~~VD~~	~~RUTHERFORD, SCOTT~~	~~131 S. GLACIER PEAK DR.~~	~~CAMANO ISLAND WA~~
President	BRIAN D. STATON	19210-33rd AVE West, Suite A	LYNNWood, WA 98036
Sec/Treas.	GARY N. MARVIN	14625-65th Dr SE	Snohomish, WA 98296
DIRECTOR	JAN BERNER	19210-33rd AVE West, Suite A	LYNNWood, WA 98036

8. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number Is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Karen B. Reg — Date: 10-30-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

300002334623--9

SIGNATURE: [signature] 10/24/97 425-778-8821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 584654 5024207

AUTHORIZATION : Patricia Pyjet

COST LIMIT : $ 750.00

ORDER DATE : October 30, 1997

ORDER TIME : 3:59 PM

ORDER NO. : 584654-005

CUSTOMER NO: 5024207

[redacted]

CUSTOMER: Gary N. Marvin, Cpa
Simrad, Inc.
19210 33rd Avenue West

Lynnwood, WA 98036-4707

RECEIVED
97 OCT 31 PM 8:48
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: SIMRAD, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Warren Whittaker

EXAMINER'S INITIALS _____