

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
DIVISION OF STATE
DIVISION OF CORPORATIONS

02 MAR 25 AM 10:43

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000016

Corporation Name **Henderson, Young & Company, Inc.**

REINSTATEMENT 96-02

| | | | |
|---|----------------|--|---------|
| 2. Principal Office Address 16700 NE 79th St. | | 3. Mailing Office Address same | |
| Suite, Apt. #, etc. Suite 202 | | Suite, Apt. #, etc. | |
| City & State Redmond, WA | | City & State | |
| Zip 98052 | Country USA | Zip | Country |

| | |
|--|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 1984 | |
| 5. FEI Number 840780133 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

| | |
|--|--------------------|
| Name Christine Burns | |
| Street Address (P.O. Box Number is Not Acceptable) 34911 US Hwy 19 North | |
| Suite, Apt. #, Etc. Suite 525 | |
| City Palm Harbor | State FL |
| Zip Code 34684 | |

100005205021--7
-04/08/02--01031--012
1650.001650.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Christine Burns Date March 20, 2002
REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| P | Randall L. Young | 16700 NE 79th St. Suite 202 | Redmond, WA 98052 |
| VP | William P. Henderson | same | same |
| ST | Sharon L. Young | same | same |
| | | | |
| | | | |
| | | | |

10. 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.

SIGNATURE: Randall L. Young Date March 20, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2001 (9/01)