PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED 97 MAR 17 AM 9: 40 DOCUMENT # F9500001851 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ALASKA NATIONAL, INC. Principal Place of Business Mailing Address 9000021 P. O. Box 35 11911 Justice Avenue Eureka, CA 95502 Baton Rouge, LA 70816 915.00 If above addresses are incorrect in any way, fine through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable To Do Business in Florida April 17, 1995 5. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 92-0154137 Not Applicable \$8.75. Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) Pres. Baton Rouge, LA 70816 ROBIN P. ARKLEY II 11911 Justice Avenue Sec/Tre. Vice Baton Rouge, LA 70816 JACK J. MENDHEIM 11911 Justice Avenue Pres. Baton Rouge, LA 70816 ROBIN P. ARKLEY II 11911 Justice Avenue Dir RELECTATEMEN 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent The Prentice-Hall Corporation Street Address (P.O. Box Number is Not Acceptable) System, Inc. 110 North Magnolia Street Suite, Apt. #, Etc. Tallahassee, FL 32301 City State Zip Code 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.), Skipper, as agent Date 3// System, Inc. 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. Yes L on Intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid free information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath under oath. 1/20/97 (800)489-6446 SIGNATURE: ROBIN P. ARKLEY II, PRESIDENT

Daytime Phone #

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR