

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

96 NOV 19 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003403

1. Corporation Name

GOODMAN FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

~~320 ANDOVER PARK EAST, SUITE 100~~
SEATTLE WA 98108-98104

~~320 ANDOVER PARK EAST, SUITE 100~~
SEATTLE WA 98108-98104

401-2nd AVE S #110

401-2nd AVE S #110

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

2. New Principal Office Address, If Applicable
401 Second Ave. S.

3. New Mailing Office Address, If Applicable
401 Second Ave. S.

Suite, Apt. #, etc.
Suite 110

Suite, Apt. #, etc.
Suite 110

City & State
Seattle, WA

City & State
Seattle, WA

Zip
98104

Country
King

Zip
98104

Country
King

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1995

5. FEI Number

91-1516376

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSC	GOODMAN, JOHN A	320 ANDOVER PARK EAST, SUITE 100 401 Second Ave. S. #110	SEATTLE WA 98108 Seattle, WA 98104
			600002011976--8 -11/22/96-01015-015 ***383.75 ***383.75
			B11-20-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

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.

Signature of
Registered Agent

Jack C. Caskey

REGISTERED AGENT MUST SIGN

Asst. Vice President

Date 11/12/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Goodman

11/11/96

Date

(206) 215-9700

Daytime Phone #

CR25040 (7/96)