PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

F95000004699

1. Corporation Name

COLUMBIA MACHINE, INC.

Principal Place of Business

Mailing Address

107 GRAND BLVD. VANCOUVER WA 98661 PO BOX 8950

VANCOUVER WA 98668-8950

FILED

00 NOV -6 AM 10: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above a	addraesas ara ir	ocorrect in any way line t	through incorrect in	formation an	d enter co	errection below.	KEMS	AILMEN	2000	
New Principal Office Address, If Applicable			arough incorrect information and enter correction bel 3. New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 09/27/1995			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. FEI Number		Applied For	
City & State			City & State				91-0600653 Not Applicable			
Zip	p Country		Zip		Country	· · · · · · · · · · · · · · · · · · ·	6. CERTIFICATE OF STATUS DESIRED			
7. Names	and Street Add	resses of Each Officer ar	nd/or Director (Flo	rida nonprofit	t corporati	ons must list at le	ast 3 directors)			
Title(s)	2	Name of Officers and/or Directors				et Address of Each cer and/or Director		City / State / Zip		
С	NETH, FRED JR			107 GRAND BLVD				VANCOUVER WA 98661		
VC	BARCLAY, JOSEPH			107 GRAND BLVD				VANCOUVER WA 98661		
D	OSADCHUK, DOROTHY A			107 GRAND BLVD				VANCOUVER WA 98661		
D	GOODE, CAROL			107 GRAND BLVD				VANCOUVER WA 98661		
Р	FINDLEY, JERRY			107 GRAND BLVD				VANCOUVER WA 98661		
V	-MARCIANO, ROBERT A			107 GRAND BLVD				VANCOUVER WA 98661		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
					Name					
ASCOUGH, WILLIAM 2200 PRINCIPAL ROW						Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32837					Ì	Sulte, Apt. #, Etc. 10003493221=-9 -12/11/0001033017				

****750.\$\$\$\$ 240409040750.00 10. I, being appointed the registered agent of the above name copporation, am familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN

11. 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.

City

Signature of Registered Agent

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