

APPLICATION
FOR
REINSTATEMENT



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

1072

FILED

00 DEC 18 PM 4:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F96000005628

1. Corporation Name

APPLIED RELATIONAL INFORMATION SYSTEMS, INC.

Principal Place of Business

Mailing Address

4830 W KENNEDY BLVD

2229 112TH AVE NE

SUITE 645

BELLEVUE WA 98004

TAMPA FL 33609

US

A



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

4830 W Kennedy Blvd

3. New Mailing Office Address, If Applicable

2229 112th Ave NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Legal Department

City & State

City & State

Tampa, FL

Bellevue, WA

Zip

Zip

Country

Country

33609

USA

98004

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1996

5. FEI Number

91-1497147

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PDBC	SONG, PAUL	848 SOUTH 260TH	DES MOINES WA 50319
-	GILLES, JEFF - see	9719 159TH PLACE	REDMOND WA 98052
-	BRUGGER, STEVE - attached	10614 15TH AVENUE NW	SEATTLE WA 98177
-	GRIFFIN, JAY	10690 SE 56TH PLACE	BELLEVUE WA 98006
-	AVERRILL, THOMAS W	17737 14TH NW	SHORELINE WA 98177
-	KUNZ, KENDALL	5630 S 105TH PL	TUKWILA WA 98188

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

300003514923-3

City

12/27/00 State Zip Code 001

****758.FL ****758.75

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

KATHLEEN C. Sparks, Asst. Sec. REGISTERED AGENT MUST SIGN

Date 12-15-00

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.

KE

SIGNATURE:

Michelle Sparks

Michelle Sparks, Asst. Secretary

12/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

425-372-2709