

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                |                       |                                                                                                                                                                                               |                |
|--------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                           |                       |  <b>FLORIDA DEPARTMENT OF STATE<br/>Katherine Harris<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                |
| <b>DOCUMENT # F 9700004859</b>                                                 |                       |                                                                                                                                                                                               |                |
| <b>1. Corporation Name</b><br>Atlantic Bldg Inc.                               |                       |                                                                                                                                                                                               |                |
| <b>2. Principal Office Address</b><br>750 Market Street<br>Suite, Apt. #, etc. |                       | <b>3. Mailing Office Address</b><br>Suite, Apt. #, etc.                                                                                                                                       |                |
| <b>City &amp; State</b><br>Tacoma, WA                                          |                       | <b>City &amp; State</b>                                                                                                                                                                       |                |
| <b>Zip</b><br>98402                                                            | <b>Country</b><br>USA | <b>Zip</b>                                                                                                                                                                                    | <b>Country</b> |

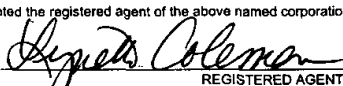
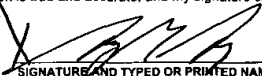
FILED  
Nov 14, 2001 8:00 A.M.  
Secretary of State

**REINSTATEMENT 99-01**

|                                                                                                                             |                                      |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b><br>9/17/97                                               |                                      |
| <b>5. FEI Number</b><br>91-1945129                                                                                          | <b>Applied For</b><br>Not Applicable |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |                                      |

|                                                                               |                    |                               |
|-------------------------------------------------------------------------------|--------------------|-------------------------------|
| <b>7. Name and Address of Current Registered Agent</b>                        |                    |                               |
| <b>Name</b><br>Corporation Service Company                                    |                    |                               |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>1201 Hays Street |                    |                               |
| <b>Suite, Apt. #, Etc.</b>                                                    |                    |                               |
| <b>City</b><br>Tallahassee                                                    | <b>State</b><br>FL | <b>Zip Code</b><br>32301-2525 |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------|---------------------------|
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                                       |                           |
| <b>Signature of Registered Agent</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          | <b>Lynette Coleman<br/>as its agent</b>               |                           |
| <b>REGISTERED AGENT MUST SIGN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | <b>Date</b> 11/12/2001                                |                           |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                                                       |                           |
| <b>Titles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Name of Officers and/or Directors</b> | <b>Street Address of Each Officer and/or Director</b> | <b>City / State / Zip</b> |
| PTSO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Gary M. Gray                             | 750 Market Street                                     | Tacoma, WA 98402          |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Lester J. Proch                          | 1111 West George Street                               | Vancouver BC V6E 4M3      |
| V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Bruce P. Wellman                         | 151 Finch Place S.W.                                  | Bainbridge Is, WA 98110   |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Michelle C. Dunlap                       | 1445 Ross Ave Suite 3200                              | Dallas, TX                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                       |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                       |                           |
| <b>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.</b> |                                          |                                                       |                           |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | <b>10/31/01</b> (253) 396-4340                        |                           |
| <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b><br>Gary M. Gray<br>President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          | <b>Date</b> <b>Daytime Phone #</b>                    |                           |



ACCOUNT NO. : 072100000032  
REFERENCE : 402682 5061375  
AUTHORIZATION : *Patricia Pizote*  
COST LIMIT : \$ 1050.00

ORDER DATE : November 12, 2001

ORDER TIME : 12:34 PM

ORDER NO. : 402682-020

CUSTOMER NO: 5061375

CUSTOMER: Ms. Sally Daly  
Graywood Properties  
750 Market Street

Tacoma, WA 98402

DOMESTIC FILINGS

NAME: ATLANTIC BLVD, INC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea EXT 1114  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
01 NOV 14 AM 11:24  
DIVISION OF CORPORATION