PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

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

DOCUMENT # F 97000049 59

REINSTATEMENT 99-01

1. Corporation Name

Atlantic Blvd Inc.

2. Principal Office Address	**3.** Mailing Office Address
750 Market Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Tacoma Wa	
Zip: 98402 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 9/17/97

5. FEI Number: 91-1945129 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

000004678720--6

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-2525

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.

Signature of Registered Agent: Lynette Coleman Lynette Coleman as its agent Date: 11/12/2001

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSO	Gary M. Gray	750 Market Street	Tacoma, Wa 98402
D	Lester J Proch	1111 West Georgia Street	Vancouver BC V6E 4M3
V	Bruce P. Weiland	151 Finch Place S.W.	Bainbridge Is, Wa 98110
D	Michelle C. Dunlap	1445 Ross Ave Suite 3200	Dallas, Tx
			MW

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.

SIGNATURE: X Gary M Gray Pres/Sec 10/31/01 (253) 396-4340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : ~~403682~~ 5061375

AUTHORIZATION : Patricia Pizzuto

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

RECEIVED
01 NOV 14 AM 11:24
DIVISION OF CORPORATION

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 _____