PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION |
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| FOR |
| REINSTATEMEN |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

F98000000986 **DOCUMENT #**

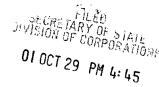
1. Corporation Name

PLATEAU ELECTRICAL CONSTRUCTOR'S, INC.

Mailing Address

/14960/N/E/ 21/5T/ CIRCLE/ REDNIGNO/WA/96052-5020

A 4900/WE/ SHAY SHOLE



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|--|--|-------------------|---------------------------------|--|--|--|-------------------------------|---|
| lf.above a | ddresses are incorrect in any way, line thro | ough incorrect in | formation a | nd enter | correction below. | EINST | ATEMENT | Ω 1 |
| 2. New Principal Office Address, if Applicable 3. New Mail 19208 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | SOUTH VERMONT AVENUE | | 4. Date Incorporated or Qualified To Do Business in Florida 02/20/1998 | | |
| SUITE #100 City & State City & State | | | | | 5. FEI Number | 87-0421533 | Applied For Not Applicable | |
| RENTON, WASHINGTON TO GARDENA Zip 98055 Country Zip 98048 | | | A, CALIFORNIA Country USA 6. | | | | | Additional Fee required a Certificate of Status |
| | and Street Addresses of Each Officer and/ | | ida nonprof | | | st 3 directors) | | |
| Title(s) | Name of Officers | | | Street Address of Each Officer and/or Director | | | City / State | a / Zip |
| PCD | MARTINEZ, THOMAS A 14960 N.E. 3 | | | I.E. 31S | T CIRCLE | REDMOND WA | | |
| TD. | MARTINEZ, MARK 14960 N.E. 3 | | | I.E. 31S | T CIRCLE | REDMOND WA | | |
| D . | MIIKE, PATRICK | | | 19208 SO. VERMONT AVENUE | | | GARDENA CA | |
| s | S DUONG, BORANN | | | 19208 SO. VERMONT AVENUE | | | GARDENA CA | |
| | | | 10 | | 00046853619. -11/16/0101056014 | | | |
| | | | | | · · · · · · · · · · · · · · · · | | ****750.00 * | ****750.00 |
| | 8. Name and Address of Current F | egistered Age | nt | | · · · · · · · · · · · · · · · · · | 9. Name and A | ddress of New Registered Ag | ent" |
| | | | | | Name U III | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| PLANTATION FL 33324 | | | | Suite, Apt. #, Etc. | | | | |
| | | | | City State FL Zip Code | | | | |
| 10. I, being | appointed the registered agent of the above | e named corpor | ration, am fa | amiliar wi | th and accept the ob | ligations of Section | on 607.0505, F.S. | |
| ্রি Signature of Registered A | I Skal | URE In | DAY (ASS | VID I. FAI SISTANT | RBER SECRETARY | | Date 10/22/20(|)] |
| negistered A | | SISTERED AGE | NT MUST | SIGN | | | Date | |

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.

SIGNATURE:

BORANN DUONG SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/01

(310) 3273070