

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000000986

1. Corporation Name

PLATEAU ELECTRICAL CONSTRUCTOR'S, INC.

Principal Place of Business

Mailing Address

14960 N.E. 31ST CIRCLE
REDMOND WA 98053-5020

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REDMOND WA 98053-5020

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 29 PM 4:45



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

560 NACHES AVENUE S W

Suite, Apt. #, etc.

SUITE #100

City & State

RENTON, WASHINGTON

Zip

98055

Country
USA

3. New Mailing Office Address, If Applicable

19208 SOUTH VERMONT AVENUE

Suite, Apt. #, etc.

City & State

GARDENA, CALIFORNIA

Zip

92048

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1998

5. FEI Number

87-0421533

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
PCD	MARTINEZ, THOMAS A	14960 N.E. 31ST CIRCLE	REDMOND WA
TD	MARTINEZ, MARK	14960 N.E. 31ST CIRCLE	REDMOND WA
D	MIKE, PATRICK	19208 SO. VERMONT AVENUE	GARDENA CA
S	DUONG, BORANN	19208 SO. VERMONT AVENUE	GARDENA CA
			100004685361--9 -11/16/01--01056--014 ****750.00 ****750.00

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.

City

State
FL

Zip Code

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

DAVID I. FARBER

DAVID I. FARBER
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10/22/2001

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

BORANN DUONG

10/19/01

Date

(310) 3273070

Daytime Phone #

CR2040 (8/01)