

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 18 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000004346**

1. Corporation Name **FSS, Inc.**

2. Principal Office Address

**565 Andover Park West**  
Suite, Apt. #, etc.

**Suite 201**

City & State

**Tukwila, Wa**

Zip

**98188**

Country

**USA**

3. Mailing Office Address

**565 Andover Park West**  
Suite, Apt. #, etc.

**Suite 201**

City & State

**Tukwila, Wa**

Zip

**98188**

Country

**USA**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/30/98**

5. FEI Number

**911919837**

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

**CT Corporation System**

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

**1200 South Pine Island Road**

Suite, Apt. #, Etc.

**Plantation**

City

**Plantation**

State

**FL**

Zip Code

**33324**

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

**Connie Beyer**

Date **11/18/02**

REGISTERED AGENT MUST SIGN

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
CEO	Timothy W. May	565 Andover Park W #201	Tukwila, Wa 98188
CFO	Donald J. Cook	565 Andover Park W, #201	Tukwila, Wa 98188

**200009055372**  
**11/19/02--01002--012 \*\*750.00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Timothy W. May**

Date

**11/18/02**

Daytime Phone #

**206-575-9797**

**CT CORPORATION**

November 18, 2002

Secretary of State, Florida  
409 East Gaines Street  
N/A  
Tallahassee FL 32399

Re: Order #: 5725362 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

C FSS, Inc. (DE)  
Reinstatement  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman  
Fulfillment Specialist  
Katrina\_Forsman@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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TALLAHASSEE, FLORIDA