

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H10000168523 3)))



H100001685233ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 617-6384

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**CORPORATION REINSTATEMENT  
FSS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

**RH**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 JUL 23 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000004346**

1. Corporation Name

FSS, Inc.

2. Principal Office Address - No P.O. Box #  
665 Andover Park West

3. Mailing Office Address  
665 Andover Park West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tukwila, WA

City & State  
Tukwila, WA

Zip  
98188

Country  
USA

Zip  
98188

Country  
USA

CR2E061 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FBI Number  
91-1919837

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.

City  
PLANTATION

State Zip Code  
FL 33324

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Alfredo Morales*  
REGISTERED AGENT MUST SIGN

Date 7/23/10

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	Steve Kalman	665 Andover Park West	Tukwila, WA 98188

REINSTATEMENT

RH

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 contained in Chapter 119, 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:

*Steve Kalman*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Kalman

07/23/10

Date

(206) 575-9797

Daytime Phone #