

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 23 PM 12:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F99000005159

1. Corporation Name

CUTTER & BUCK INC.

Principal Place of Business

2701 1ST AVE. #500
SEATTLE WA 98121

Mailing Address

2701 1ST AVE. #500
SEATTLE WA 98121

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

91-1474587

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DCEO	JONES, HARVEY N	2701 FIRST AVENUE	SEATTLE WA 98121
D	CONLEY, FRANCES M	2701 FIRST AVENUE	SEATTLE WA 98121
P	MARKS, MARTIN J	2701 FIRST AVENUE	SEATTLE WA 98121
D	MOUNGER, LARRY C	2701 FIRST AVENUE	SEATTLE WA 98121
D	BROWNFIELD, MICHAEL S	2701 FIRST AVENUE	SEATTLE WA 98121
D	TOWNE, JAMES C	2701 FIRST AVENUE	SEATTLE WA 98121

8. Name and Address of Current Registered Agent

CT 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)
900003457529--1
Suite, Apt. #, Etc.
-11/08/00--01065--024
***750.00 ***750.00
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

Kathleen Gariepy, REGISTERED AGENT MUST SIGN

Date October 19, 2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00 206-622-4191
Date Daytime Phone #

KE