

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



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

FILED  
03 FEB 28 PM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000001070

Name and Mailing Address

0011247 01 FP 0.352 \*\*PRSRT H4 2'0615 98105-422845



WHITING I LLC  
5045 16TH AVENUE NE  
SEATTLE WA 98105-4228

02/26/03 01077 013  
600013146696 50.00



01/28/02 90004 029 50.00

2. New Mailing Address

City, State, Zip

Principal Place of Business

5045 16TH AVENUE NE  
SEATTLE WA 98105

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

WA

5. Date Organized or Qualified  
To Do Business in Florida

06/02/2000

6. FEI Number 53-2765445

APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

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)

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 2/10/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PETRIE, GEORGE P	5045 16TH AVENUE NE	SEATTLE WA 98105
2002 + 2003 VBR			
nrk			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date

2/10/03

Daytime Phone #

206 6507332

Typed or printed name of signing Managing Member/Manager

George Petrie

**M00000001070** <sup>PAGE</sup>

February 24, 2003

PERSONAL AND CONFIDENTIAL

Mr. Buck Cohr  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

RE: EIN Number for Whiting I LLC

Dear Mr. Cohr,

Thank you very much for taking the time to speak with Rita Marinan in my office. It is my understanding that my EIN number was not included in the renewal and consequently caused the dissolution of Whiting I LLC. However I did not receive any of the requests you had mentioned were sent out.

Please use the following EIN for Whiting I LLC; 532-76-5455. Please let me know if you require any additional information and/or fees. I have also enclosed another copy of the application for reinstatement. Should you have any questions please contact Rita Marinan at 206.215.9823. Thank you

Regards,



George Petrie  
Whiting I LLC

