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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

2002 NOV 27 PM 12:44

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000001898

Name and Mailing Address

0011239011FP 0.352 \*\*PRSRT H4 1 0615 97205-330101

NORDSTROM DC, LLC  
701 SW BROADWAY  
PORTLAND OR 97205-3301



2. New Mailing Address <i>Nordstrom Attent: Legal Affairs</i> City: 1700 Seventh Avenue, Suite 1000 Seattle, Washington 98101		4. State/Country of Formation OR	
Principal Place of Business 701 SW BROADWAY PORTLAND OR 97205		5. Date Organized or Qualified To Do Business in Florida 08/14/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 93-1308223	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 308089248183 11/27/02--01112--001 **150.00 City FL Zip Code	
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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 *Kathleen C. Garcey, Asst. Sec.* Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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	NORDSTROM DISTRIBUTION MANAGEMENT INC	701 SW BROADWAY	PORTLAND OR 97205

REINSTATEMENT 2002 *JB*

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 *N. Claire Chapman* Date *11/22/02* Daytime Phone # *303-2540*  
Nordstrom Distribution Management, Inc. by N. Claire Chapman, (206)

CR2E (84 (8/02)