

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P18981

1. Corporation Name

CORUS BRANDS, INC.

Principal Place of Business

Mailing Address

14030 N.E. 145TH ST.
P.O. BOX 1246
WOODINVILLE WA 98072

14030 N.E. 145TH ST.
P.O. BOX 1246
WOODINVILLE WA 98072

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

600 University Street

600 University Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2500 - Suite

Suite 2500

City & State
Seattle WA

City & State
Seattle WA

Zip 98101 Country USA

Zip 98101 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

04/25/1988

5. FEI Number

91-0779426

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
COO	ZELLWEGER, MAX	4003 238th Place SE #60A	KIRKLAND WA 98021
D	Ken McCabe	600 University St. Ste. 2500	Seattle, WA 98101
CEO	Stan BATY	600 University St. Ste 2500	Seattle, WA 98101
			100009667531 04/22/03--U1052--011 **\$300.00
DC	DANIEL R BATY	3131 ELLIOT AVE #500	SEATTLE WA 98121
S/T	Ruth Verhoff	600 University St. Ste. 2500	Seattle, WA 98101

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name
Kenneth H. Lapham
Street Address (P.O. Box Number is Not Acceptable)
418 Marathon Lane
Suite, Apt. #, Etc.
100009667531

City
Hawthorne
State
FL
Zip Code
33312

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

Kenneth H. Lapham

REGISTERED AGENT MUST SIGN

Date 3-22-03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-02

Date

206-728-9063

Daytime Phone #

ext. 209

CR2E040 (8/01)