APPROVED AND FILED

1997 JUN 10 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36561

1. Corporation Name

WATERSIDE INNS INC

Principal Place of Business	Mailing Address

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
25 Central Way	
Suite, Apt. #, etc. Ste 400	Suite, Apt. #, etc.
City & State Kirkland WA	City & State
Zip 98033 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12/9/91

5. FEI Number 91-1537313 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Alan Campey	25 Central Way #400	Kirkland, WA 98033
VP	Patrick & Colee	25 Central Way #400	Kirkland, WA 98033
Sec/Trea	Philip A. Brown	25 Central Way #400	Kirkland, WA 98033

REINSTATEMENT

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**** 35.00

8. Name and Address of Current Registered Agent

CT Corporation
8751 W. Broward Blvd
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

CR2E040 (1.95)

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: Deborah O. Skipper — Date: 6-5-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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.

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**** 8.75

SIGNATURE: Philip A Brown Sec. 5/23/97 (425) 827-5646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #