

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 11 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000107450**

1. Corporation Name

FREEYELLOW.COM INC.

2. Principal Office Address

601 108th Ave. NE

Suite, Apt. #, etc.

Suite 1200

City & State

Bellevue, WA

Zip

98004

Country

USA

3. Mailing Office Address

Attn: Legal Dept.

601 108th Ave. NE

Suite, Apt. #, etc.

Suite 1200

City & State

Bellevue, WA

Zip

98004

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/98

5. FEI Number

65-0885502

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

700004014907-5

-04/18/01-01020-003

*****908.75 ***908.75**

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Kathleen C. Garipey Asst. Sec.

Date **4-9-01**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	Naveen Jain	601 108th Ave NE, Ste. 1200	Bellevue, WA 98004
P/D	Edmund O. Belsheim, Jr.	601 108th Ave. NE, Ste. 1200	Bellevue, WA 98004
T/D	Tammy D. Halstead	601 108th Ave. NE, Ste. 1200	Bellevue, WA 98004
S	John M. Hall	601 108th Ave NE, Ste. 1200	Bellevue, WA 98004
			LS

10. 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:

Tammy Halstead
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tammy D. Halstead, Treasurer

4/4/01

Date

(425) 201-6000

Daytime Phone #

CR2E081 (9/00)