

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F99000005159**

1. Corporation Name
CUTTER & BUCK INC.

Principal Place of Business	Mailing Address
2701 1ST AVE. #500 SEATTLE WA 98121	2701 1ST AVE. #500 SEATTLE WA 98121

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/04/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		91-1474587	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED
 00 OCT 23 PM 12:49
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

REINSTATEMENT *BD*



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	4. City / State / Zip
DCEO	JONES, HARVEY N	2701 FIRST AVENUE	SEATTLE WA 98121
D	CONLEY, FRANCES M	2701 FIRST AVENUE	SEATTLE WA 98121
P	MARKS, MARTIN J	2701 FIRST AVENUE	SEATTLE WA 98121
D	MOUNGER, LARRY C	2701 FIRST AVENUE	SEATTLE WA 98121
D	BROWNFIELD, MICHAEL S	2701 FIRST AVENUE	SEATTLE WA 98121
D	TOWNE, JAMES C	2701 FIRST AVENUE	SEATTLE WA 98121

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) 300003457529--1 Suite, Apt. #, Etc. -11/08/00--01065--024 ****750.00 ****750.00 City State FL Zip Code	

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: *Kathleen Gariepy* **SIGNATURE REQUIRED** Date: October 19, 2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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 REQUIRED** Date: 10/17/00 Daytime Phone #: 206-622-4191

CR2E040 (8/00)