

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB 22 PM 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

<b>DOCUMENT # J91292</b> 1. Entity Name <b>FLOW WATERJET FLORIDA CORPORATION</b>					
Principal Place of Business <b>23500 - 64TH AVENUE SOUTH KENT, WA 98032</b>		Mailing Address <b>23500 - 64TH AVENUE SOUTH ATTN: TAX DEPT. KENT, WA 98032</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0016972</b>	
Zip		Country		5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIGHT, STEPHEN R		NAME	Douglas P. Fletcher	
STREET ADDRESS	23500 64TH AVENUE, SOUTH		STREET ADDRESS	23500 64th Ave. S.	
CITY-ST-ZIP	KENT, WA 98032		CITY-ST-ZIP	KENT WA 98032	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Sr. VP Global Manufacturing	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENESS, JOHN S		NAME	Thomas C. Johnson	
STREET ADDRESS	23500 64TH AVENUE SOUTH		STREET ADDRESS	23500 64th Ave. S.	
CITY-ST-ZIP	KENT, WA 98032		CITY-ST-ZIP	KENT WA 98032	
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	Jeffrey L. Hohman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REICHENBACH, STEVE		NAME	Exec. VP Waterjet Americas	
STREET ADDRESS	23500 64TH AVENUE SOUTH		STREET ADDRESS	23500 64th Ave. S.	
CITY-ST-ZIP	KENT, WA 98032		CITY-ST-ZIP	KENT WA 98032	
TITLE		<input type="checkbox"/> Delete	TITLE	Theresa Signorini-Treat	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	VICE-PRESIDENT-HUMAN RESOURCES	
STREET ADDRESS			STREET ADDRESS	23500 64th Ave. S.	
CITY-ST-ZIP			CITY-ST-ZIP	KENT WA 98032	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John S Leness</u>		Date: <u>10/27/06</u>		Daytime Phone #: <u>253-850-3500</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					