

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # **J91292**

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1. Corporation Name

FLOW WATERJET FLORIDA CORPORATION

Principal Place of Business

Mailing Address

23500 - 64TH AVENUE SOUTH
 KENT WA 98032

23500 - 64TH AVENUE SOUTH
 KENT WA 98032



If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT 99-00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/04/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0016972

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	TARRANT, RONALD W	23500 64TH AVENUE, SOUTH	KENT WA 98032
S	LENESS, JOHN S	23500 64TH AVENUE SOUTH	KENT WA 98032
VPCO	CROSS, THOMAS A LAWRENCE, R. BRAD	23500 64TH AVENUE, SOUTH	KENT WA 98032
V CFO	NITTINGER, ROBERT REICHENBACH, STEVE	530 MOON CLINTON ROAD 23500 64TH AVENUE, 50	CORAOPOLIS PA 15108 KENT, WA. 98032
V	WINKLER, PATRICK	530 MOON CLINTON ROAD	CORAOPOLIS PA 15108
V	RACCHINI, ROBERT L	530 MOON CLINTON ROAD	CORAOPOLIS PA 15108

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

3/27/00

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

Date

2/21/00

Daytime Phone #

(253) 813-3514

CR2040 (8-99)