

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

99 NOV 30 PM 2:45

DOCUMENT # F94000003114

1. Corporation Name
PACIFIC LANGUAGE ASSOCIATES, INC.

Principal Place of Business: ~~1000 SW Capitol Hwy, Portland, OR 97249 US~~
Mailing Address: ~~6312 SW Capitol Hwy #501, Portland, OR 97201 US~~

REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable 1000 Lancaster St. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 1000 Lancaster St. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 6-15-94
City & State Baltimore, MD Zip 21202 Country USA	City & State Baltimore, MD Zip 21202 Country USA	5. FEI Number 93-0616900 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

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, and FEI Number
Dir., Pres	R. Christopher Hoehn-Saric	1000 Lancaster St.	Baltimore, MD 21202
Dir., Vice Pres	B. Lee McGee	1000 Lancaster St.	Baltimore, MD 21202
S-T, Vice Pres	Robert W. Zentz	1000 Lancaster St.	Baltimore, MD 21202
Asst Treas, VPres	Sean R. Creamer	1000 Lancaster St.	Baltimore, MD 21202
Dr.	Douglas L. Becker	1000 Lancaster St.	Baltimore, MD 21202

8. Name and Address of Current Registered Agent Susan Altman 16400 N.W. 32nd Ave. St. Thomas Univ. Miami, FL 33054	9. Name and Address of New Registered Agent Name: NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue Suite, Apt. #, Etc.: City: Tallahassee State: FL Zip Code: 32301
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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: *DeLana Lundgren, asst. sec.* Date: 11-2-99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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.

SIGNATURE: *Sean R. Creamer* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/4/99 Daytime Phone #

AD

CR2E081 (12/98)