


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT



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

FILED

01 NOV 13 PM 5:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005199**

1. Corporation Name
BENOVA, INC.

Principal Place of Business Mailing Address
 1220 SW MORRISON SUITE 700 ~~1220 SW MORRISON SUITE 700~~
 PORTLAND OR 97205 ~~PORTLAND OR 97205~~

Handwritten initials



REINSTATEMENT 2001

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc. ~~One World Trade Center~~
~~Suite 2200-Craig Crowley~~

City & State
 Long Beach, CA

Zip Country
 90831-2200

4. Date Incorporated or Qualified To Do Business in Florida
 10/03/1997

5. FEI Number
 93-0942425

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
P	CAIN, COLLEEN A	1220 SW MORRISON SUITE 700	PORTLAND OR 97205
EVP	KAUFMAN, SUSAN L	1220 SW MORRISON SUITE 700	PORTLAND OR 97205
VP	ADATTO, LISA	1220 SW MORRISON SUITE 700	PORTLAND OR 97205

8. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 See Attached Certificate Date _____
 REGISTERED AGENT MUST SIGN

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: *Colleen Cain* Colleen Cain, President 10/24/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

2082

FLORIDA

CONSENT TO SERVE AS REGISTERED AGENT

C T CORPORATION SYSTEM having been designated to act as registered agent hereby agrees to act in this capacity for the following corporation:

Benova, Inc.

C T CORPORATION SYSTEM



Nancy Lydon
Assistant Vice President

Date: October 23, 2001