

OCT 13 2000

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 00 OCT 25 AM 11:00 SECRETARY OF STATE TREASURY SEC. FLORIDA	
<b>DOCUMENT # 853484</b>					
1. Corporation Name <b>PHILBIN &amp; COINE, INCORPORATED</b>					
Principal Place of Business 4211 W. 11TH AVENUE EUGENE OR 97402			Mailing Address 4211 W. 11TH AVENUE EUGENE OR 97402		
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. City & State Zip      Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;"><b>07/15/1982</b></div>	
				5. FEI Number <div style="text-align: right;"><b>13-3079942</b></div>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PD	SCHUR, WAYNE P	ONE OXFORD VALLEY, STE. 810	LANGHORNE PA 19047		
<del>STD</del>	<del>CALLAHAN, JAMES W</del>	<del>4211 W. 11TH AVENUE</del>	<del>EUGENE OR 97402</del>		
D	OBIE, BRIAN	4211 W. 11TH AVENUE	EUGENE OR 97402		
V	ROBBINS, TOBIN	4211 W. 11th AVENUE	EUGENE OR 97402		
<b>REINSTATEMENT</b>					
8. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City		
			<div style="text-align: right;"> <b>700003454947-0</b>  <b>-11/07/00-01061-001</b>  <b>****750.00</b> </div>		
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 <u><i>Barbara A. Burke</i></u> <b>BARBARA A. BURKE</b> <div style="text-align: right;"> <b>SPECIAL ASSISTANT SECRETARY</b>      Date <b>10/29/00</b> </div>					
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: <u><i>[Signature]</i></u> <b>SIGNATURE REQUIRED</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u><i>10/19/2K</i></u> Daytime Phone # <u><i>541-686-8400</i></u>					

CR2000 (8/00)