

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 853484

1. Corporation Name

PHILBIN & COINE, INCORPORATED

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

07/15/1982

5. FEI Number

13-3079942

Applied For

Not Applicable

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
PD	SCHUR, WAYNE P	ONE OXFORD VALLEY, STE. 810	LANGHORNE PA 19047
V	ROBBINS, TOBIN	4211 W. 11TH AVENUE	EUGENE OR 97402
P/D	OBIE, BRIAN	4211 W. 11TH AVENUE	EUGENE OR 97402

8. Name and Address of Current Registered Agent

CT 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

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. or 617.0505, F.S.

Signature of  
Registered Agent

JACK CASKEY, ASST VICE PRES., C T CORPORATION SYSTEM

Date

10/31/2002

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02

Daytime Phone #

541-686-8400

CR2ED40 (8/02)



out-of-home advertising

October 30, 2002

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

To Whom It May Concern:

Please be advised that the Notice of Administrative Dissolution of Revocation received from your office on October 28, 2002 is the first notice we have received. Therefore, we request you waive the reinstatement fee and accept the attached Application for Reinstatement and our check in the amount of \$150.00 to bring Philbin and Coine, a subsidiary of Obie Media Corporation, back into compliance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brian B. Obie".

PHILBIN & COINE, INCORPORATED  
Dba Obie Media Corporation  
Brian B. Obie  
Director

GFL/ce  
Enc. (2)

4211 West 11th Avenue

Eugene, Oregon

97402

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P (541) 686-8400

F (541) 345-4339