

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 97219 US~~

Mailing Address

~~6312 SW Capitol Hwy  
#501  
Portland, OR 97201 US~~

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

5. FEI Number

93-0616900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

City & State  
Baltimore, MD

Zip 21202 Country USA

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Baltimore, MD

Zip 21202 Country USA

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 (Do NOT Use Post Office Box Numbers)	City & State
1	2	3	4
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

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.  
REGISTERED AGENT MUST SIGN

Date 11-2-99

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

11/4/99  
Date

Daytime Phone #

AD

CR2001 (12/98)