

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN -6 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004428

1. Corporation Name

MEDFAC, INC.

Principal Place of Business

Mailing Address

PO BOX 3305
PORTLAND OR 97208

PO BOX 3305
PORTLAND OR 97208

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

93-0862556

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	LEE, S W	815 S.W. 2ND SUITE 300	PORTLAND OR 97208
S	THOMPSON, SALLY	815 S.W. 2ND SUITE 300	PORTLAND OR 97208
T	BAILEY, JOE P	815 S.W. 2ND SUITE 300	PORTLAND OR 97208
T	Kaneshiro, Clyde	815 S.W. 2ND SUITE 300	Portland OR 97208

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)

800003096678--4

Suite, Apt. #, Etc.

01/12/00--01095--001

City

****750.00 ****750.00

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

Barbara A Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

1-4 2000

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

SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/99 (503) 226-2060
Date Daytime Phone #