

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -7 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000003132

Name and Mailing Address

0017027 01 MB 0.309 **AUTO H2 0 0615 97204-201299



COALIANZ, LLC
1150 PIONEER TOWER
888 SW FIFTH AVENUE
PORTLAND OR 97204-2012



| | | | |
|---|-----------------------------------|---|--|
| 2. New Mailing Address <i>10269 SE Crescent Ridge Loop Portland, OR 97266</i> | | 4. State/Country of Formation OR | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 11/25/2002 | |
| Principal Place of Business 1150 PIONEER TOWER 888 SW FIFTH AVENUE PORTLAND OR 97204 | | 6. FEI Number 93-1306952 | |
| 3. New Principal Place of Business Address <i>10269 SE Crescent Ridge Loop Portland, OR 97266</i> | | Applied For Not Applicable | |
| City, State, Zip | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 8. Name and Address of Current Registered Agent CHEROS, GEORGE 866 CARDINAL POINTE COVE SANFORD FL 32771 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> SIGNATURE REQUIRED Date <i>12/31/03</i> REGISTERED AGENT MUST SIGN | | | |
| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGRM | JAMES, CHRISTOPHER | <i>1150 PIONEER TOWER, 888 SW FIFTH AVENUE</i> <i>10269 S.E. Crescent Ridge Lp.</i> | PORTLAND OR 97204 <i>Portland OR 97266</i> |
| MGRM | CHEROS, GEORGE | 866 CARDINAL POINTE COVE | SANFORD FL 32771 |
| MGRM | WENDT, ERIK | 1150 PIONEER TOWER, 888 SW FIFTH AVE <i>10269 S.E. Crescent Ridge Lp.</i> | PORTLAND OR 97204 <i>Portland OR 97266</i> |
| | | 500026348355 01/07/04--01035--006 **150.00 | |
| REINSTATEMENT | | <i>03</i> <i>OK</i> | |

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

SIGNATURE REQUIRED

Date *12/15/03*

Daytime Phone # *502-775-5189*

Typed or printed name of signing Managing Member/Manager

Erik S. Wendt

CR2E084 (7/03)