

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 27 PM 1:21

DOCUMENT # F03000000836

1. Corporation Name

Sunquest Information Systems, Inc.

09/28/10--01032--001 **150.00

200195014922

09/28/10--01032--001 **150.00

KS

2. Principal Office Address - No P.O. Box #

250 S. Williams Boulevard

3. Mailing Office Address

250 S. Williams Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tucson, AZ

City & State

Tucson, AZ

Zip

85711

Country

USA

Zip

85711

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 2/18/2003

5. FEI Number

86-0378223

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Richard Atkin	250 S. Williams Boulevard	Tucson, AZ 85711
CFO/S	Kathryn Jehle	250 S. Williams Boulevard	Tucson, AZ 85711
D	Robert F. Smith	300 W. 6th St., Suite 1950	Austin TX 78701
D	Brian N. Sheth	300 W. 6th St., Suite 1950	Austin TX 78701
D	Martin Taylor	150 California Street, 19th Floor	San Francisco, CA 94111
D	Robert Rogers	300 W. 6th St. Suite 1950	Austin TX 78701

10. E-mail Address: Kathryn.Jehle@sunquestinfo.com

(To be used for future annual report notification)

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. I further certify, 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:

Kathryn Jehle

Kathryn Jehle

CFO

8/24/2010

(520) 570-2242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #