

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006193

1. Corporation Name

IUHQ, INC.

Principal Place of Business

Mailing Address

~~4141 NORTH SCOTTSDALE RD., STE. 100~~
SCOTTSDALE AZ 85251

~~4141 NORTH SCOTTSDALE RD., STE. 100~~
SCOTTSDALE AZ 85251

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

Suite, Apt. #, etc.

6991 E. CAMELBACK B360

Suite, Apt. #, etc.

6991 E. CAMELBACK B360

City & State

SCOTTSDALE AZ

City & State

SCOTTSDALE AZ

Zip

85251

Country

Maricopa

Zip

85251

Country

Maricopa

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

11/26/1996

5. FEI Number

86-0842962

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)

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 / Zip
1	2	3	4
PD	NAPP, DAVID A	4141 NORTH SCOTTSDALE RD., STE.	SCOTTSDALE AZ 85251
SD	EDWARDS, COLLEEN S	4141 NORTH SCOTTSDALE RD., STE.	SCOTTSDALE AZ 85251
PD	NAPP, DAVID A	6991 E. CAMELBACK B360	SCOTTSDALE AZ 85251
SD	EDWARDS, COLLEEN S	6991 E. CAMELBACK B360	SCOTTSDALE AZ 85251
			400002695084--6
			-11/24/98-01031-025
			****758.75 ****758.75

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)

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.

Signature of Registered Agent Nick M. Prince by: Vickie M. Prince, Asst Secy
REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid 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:

Colleen S. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/98 (602) 423-5700
Date Daytime Phone #

CR2E040 (9/98)