

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F98000001939

1. Corporation Name

TUCSON NCH CORPORATION

FILED

01 OCT 1998 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1037 S. ALVERNON WAY. SUITE #150  
TUCSON AZ 85711

1037 S. ALVERNON WAY. SUITE #150  
TUCSON AZ 85711



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

2. New Principal Office Address, If Applicable  
6850 N. ORACLE RD

3. New Mailing Office Address, If Applicable  
6850 N. ORACLE ROAD

4. Date Incorporated or Qualified  
To Do Business in Florida

03/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

86-0621685

Applied For

Not Applicable

City & State

TUCSON, ARIZONA

City & State

TUCSON, ARIZONA

Zip

85704

Country

U.S.A.

Zip

85704

Country

U.S.A.

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HANSON, MICHAEL J	1130 CALLE DE LA CABRA	TUCSON AZ 85718
V	DIX, RANDAL G	3415 E. RIVER RD.	TUCSON AZ 85718
T	TUCKER, LAURIE E	3371 W. OVERTON HEIGHTS	TUCSON AZ 85742
			500004662895--9 -11/01/01--01054--014 ****758.75 ****758.75
			REINSTATEMENT 01 18

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

*Judith S. Blancett*  
SIGNATURE REQUIRED

Judith S. Blancett, As Agent Date 10/17/2001

REGISTERED AGENT MUST SIGN

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)