

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 # P40949

1. Corporation Name

ARIZONA EASTERN STAR HOME INCORPORATED

Principal Place of Business

**4602 N. 24TH STREET
PHOENIX AZ 85016**

Mailing Address

**4602 N. 24TH STREET
PHOENIX AZ 85016**

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/14/1992

5. FEI Number

86-0131598

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LOUI, BETTY LOU	15425 N. TATUM #152	PHOENIX AZ
VP	OSBORN, RAY	817 SHADOW RIDGE DR.	CASA GRANDE AZ
S	CASSEL, NANCY	P.O. BOX 487 N/A	GILA BEND AZ
T	GARCIA, JANE BLAIR	525 WEST ROAD ONE SOUTH	CHINO VALLEY AZ

700002578177--7
-07/01/98--01100--005
****297.50 ****297.50

8. Name and Address of Current Registered Agent

**SPIVEY, GRACE
260 NORTH DENNING
WINTER PARK FL 32790**

9. Name and Address of New Registered Agent

Name

Patricia C. Gallagher

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

9010 N. W. 21st Court

Suite, Apt. #, Etc.

City

Pembroke Pines,

State
FL

Zip Code
33024

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

Patricia C. Gallagher

REGISTERED AGENT MUST SIGN

Date **4-10-98**

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:

Jane Blair Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/1998 5207762063

Date

Daytime Phone #

FILED

98 JUN 29 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

CR2E040 (8/97)