

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P40949**

1. Corporation Name

ARIZONA EASTERN STAR HOME INCORPORATED

Principal Place of Business

Mailing Address

4602 N. 24TH STREET
PHOENIX AZ 85016

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	4 City / State / Zip
P	SITES, NANCY Jessen, Dixie	7776 N 44TH DR. 3811 N. 49th Ave Phx, AZ 85031	GLENDAL AZ 85301
S	GARCIA, JANE BLAIR Stanfield, Jack	525 WEST ROAD ONE SOUTH P.O. Box 43576 PHX. AZ. 85080-3576	CHINO VALLEY AZ 86323
T	GAYLON, DON	3305 CHINWOOD	FLGSTAFF AZ 86001

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALLAGHER, PATRICIA C
9010 N.W. 21ST COURT
PEMBROKE PINES FL 33024

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. or 617.0505, F.S.

Signature of
Registered Agent

Patricia C. Gallagher
REGISTERED AGENT MUST SIGN

Date 12-09-03

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:

Dixie M. Jessen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-22-03 623-2473139

FILED

04 JAN -2 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-01

CR2E040 (7/03)