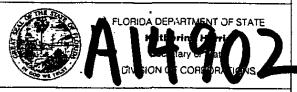
APPLICATION FOR REINSTATEMENT FOR

LIMITED PARTNERSHIP



Principal Office Address
2000 S. Colorado Blvd.

Suite AoL # etc. Two, Suite 2-1000

City & State Denver, CO

FILED SEGRETARY OF STATE CIVISTON OF CORPORATIONS

00 FEB 21 PM 3: 29

Date Formed or Registered To Do Business in Florida

52-1317201

5. FEI Number

6.

DOCUMENT # A14902

2. Mailing Address 2000 S. Colorado Blvd.

Suite Apr. #. etc. Tower Two, Suite 2-1000

1. Name of Limited Partnership

City & State Denver, CO

HICKORY RIDGE ASSOCIATES, LTD.

empowered to execute this report as required by chapter 620, Florida Statutes.

Joel Bonder, Secretary

DO NOT WRITE IN THIS SPACE.

DATE February

07/18/1983

Applied For

Not Applicable

Deliver, oo		Denver, oo			\$8.75 Additional Fee required
Zip Country		Zip	Country	CERTIFICATE OF STA	TUS DESIRED (Status)
80222	USA	80222	USA	7. State or Country of F	Formation Florida
8a. Capital Contributions as Shown on Record: 290.00 8b. Amount of Capital Contributions in FLORIDA to date: 290.00		FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for sach year dua this office. 2.) Supplemental Fee(s): \$88.75 for sach year has this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for sach year rated form is definition. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
9.	Name and Address of Current F	Registered Agent	nd Agent 10. If changed, new registered agent/office		
1201 Ha Suite 1 Tallaha 10a. Pursuant to the p	105 assee, FL 3230 rovisions of sections 620.1051 and	1. 620.192. Florida Statutes, the abo	Suite, Apt. # City	ership organized or registered under the	Zip Code Zip Code a laws of the State of Florida, submits this statement er(s). I hereby accept the appointment of registered
SIGNATURE (Registered A A GENERAL	Agent Accepting Appointment) PARTNER THAT I MUST Meral Partner(s)	S A CORPORATION	ON, LIMITED O AND ACTIV	PARTNERSHIP OR (E-WITH THIS OFFIC) City, State and Zip Code	0
The National Partnership	Housing p, LTO.	2000 S. Colora Tower Two, Su	ado Blvd.	Denver, CO 80222	
PRSUPP	- 2,0 U U, U) - 210, U) - 355, U) - 8.75 - 2,573.75	7	PENST		197-2000
			3	(BM)	(CUS)
Note: General	partners MAY NOT	be changed on this	form; an ame	endment must be filed	to change a general partner.
12. I do nereby certify to	hat the information supplied with this	s filing is voluntarily furnished and	does not qualify for the	exemption stated in Section 119.07(3)(1	k), Florida Statutes. I release the Division of

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the irrited partnership, receiver or trustee

Hickory Ridge Associates, Ltd., by its GP, The National Housing Partnership, by its GP, National Corporation for Housing Partnerships



ACCOUNT NO. :

072100000032

REFERENCE : 593110 5124005

AUTHORIZATION :

COST LIMIT : \$ 2573.75 Patricia Lyut

ORDER DATE: February 17, 2000

ORDER TIME : 12:0 PM

ORDER NO. : 593110-005

CUSTOMER NO: 5124005

CUSTOMER: Leslie Green, Corp Paralegal

Aimco

2000 South Colorado Blvd. Tower Two, Suite 2-1000

Denver, CO 80222

DOMESTIC FILINGS

NAME: HICKORY RIDGE ASSOCIATES, LTD.

XX	REINSTATEMENT
4 4 4 4	1021021

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS