

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 17 AM 10:35

SECRET
TALLAHASSEE

700055413407
05/27/05--01051--003 **1050.00

DOCUMENT # F02000005393

1. Corporation Name

NATIONAL CORPORATE TAX CREDIT, INC. XIII

2. Principal Office Address

6100 CENTER DRIVE

Suite, Apt. #, etc.

SUITE 800

City & State

LOS ANGELES, CA

Zip

90045

Country

3. Mailing Office Address

4582 S. ULSTER ST. PKWY.

Suite, Apt. #, etc.

SUITE 1100

City & State

DENVER, CO

Zip

80237

Country

4. Date Incorporated or Qualified

To Do Business in Florida 10/28/2002

5. FEI Number

954831548

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

James M. Wallace
REGISTERED AGENT MUST SIGN

Date

6-10-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DAVID ROBERTSON	6100 CENTER DRIVE SUITE 800	LOS ANGELES, CA 90045
D	HARRY ALCOCK	4582 S ULSTER ST PKWY #1100	DENVER, CO 80237
S	JEFFREY SUSSMAN	6100 CENTER DRIVE SUITE 800	LOS ANGELES, CA 90045
T	BRIAN SHUMAN	6100 CENTER DRIVE SUITE 800	LOS ANGELES, CA 90045
V	JAMES M. WALLACE	4582 S ULSTER ST PKWY #1100	DENVER, CO 80237

10. 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.

By: James M. Wallace, Sr. VP, Tax

SIGNATURE:

James M. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-05

(303) 691-4353

Daytime Phone #

CR2E081 (01/04)