

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAR -3 AM 9:35

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F03000003573

1. Corporation Name

METROPOLITAN ASSOCIATION FOR RETARDED CITIZENS, INC.

REINSTATEMENT 06-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

7721 W. 6th AVE.

Suite, Apt. #, etc.

6

City & State

LAKEWOOD, CO

Zip

80214

Country

USA

3. Mailing Office Address

7721 W. 6th AVE

Suite, Apt. #, etc.

6

City & State

LAKEWOOD, CO

Zip

80214

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

3/8/68

5. FEI Number

000852670

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND RD.

Bldg., Apt. #, Etc.

City

PLANTATION

State FL

Zip Code 33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Hiedi M. Lisch

Hiedi Lisch Assistant Secretary

Date 2-15-08

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P	LOYD LEWIS	1001 MERCURY DR.	LAFAYETTE, CO 80026
D	CHARLES SATNER	17401 W. 54th PL	GOLDEN, CO 80402

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10. I certify that I am an officer or director of 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #