PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 MAY -3 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13000001736

1. Corporation Name
Carriage Pointe HOA, Inc.

000313000230
05/03/18--01023--001 **420.00

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5460 South Quebec Street	5460 South Quebec Street
Suite, Apt. #, etc.: Suite 110	Suite, Apt. #, etc.: Suite 110
City & State: Greenwood Village, CO	City & State: Greenwood Village, CO
Zip: 80111 / Country: United States	Zip: 80111 / Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 02/21/13

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Dean Mead Services, LLC

Street Address (P.O. Box Number is Not Acceptable): 420 S. Orange Avenue

Suite, Apt. #, Etc.: Suite 700

City: Orlando / State: FL / Zip Code: 32801

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: [signature] Vice President Date: 5/1/18
REGISTERED AGENT MUST SIGN

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
President	Lenn Haffeman	5460 South Quebec Street, Suite 110	Greenwood Village, CO 80111
Vice President	~~Joe Jundt~~ Joseph Jundt	5460 South Quebec Street, Suite 110	Greenwood Village, CO 80111
Secretary/Treasurer	Brandon Jundt	5460 South Quebec Street, Suite 110	Greenwood Village, CO 80111
			MAY 0 1 2013
			C. CARROTHERS

10. E-mail Address: FPANNUALREPORT@DEANMEAD.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] LENN HAFFEMAN 4/30/18 303/814-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #