APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 11 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006321

1. Corporation Name

Affinity Retirement Services, Inc.

Principal Place of Business	Mailing Address
717 17th St., Ste. 2600 Denver, CO 80202	PO Box 173381 Denver, CO 80217-3381

REINSTATEMENT 98-99 AR

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: December 9, 1994

5. FEI Number: 84-1158337 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
V	Martha J. Moe	717 17th St., Ste. 2600	Denver, CO 80202
	See Attached		

300002773163--4

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
The Prentice-Hall Corporation System Inc 1201 Hays Street, ~~Ste. 105~~ Tallahassee, FL 32301	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.

Signature of Registered Agent By: Karen B. Rozar, As Its Agent Date 2/11/99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on Intangible tax.)

12. 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: Martha J. Moe — Feb. 9, 1999 — (303) 294-5711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Martha J. Moe, Vice President

AR

12. Names and addresses of officers and/or directors:

A. **DIRECTORS**

Chairman: Kenneth R. Jensen

Address: 707 W. Algonquin Road

Arlington Heights, IL 60005

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. **OFFICERS**

President: Mark W. Massa

Address: 717 17th Street

Denver, CO 80202

Vice President: _____

Address: _____

_____

Secretary: Lisa L. Lehnus

Address: 717 17th Street

Denver, CO 80202

Treasurer: _____

Address: _____

_____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mark W. Massa, President
(Typed or printed name and capacity of person signing application)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 116900 4385371

AUTHORIZATION : Patricia Pyfer

COST LIMIT : $ 1,650.00

ORDER DATE : January 28, 1999

ORDER TIME : 9:50 AM

ORDER NO. : 116900-020

CUSTOMER NO: 4385371

CUSTOMER: Mr. Rob King
FIRST TRUST CORPORATION
FIRST TRUST CORPORATION
717 17th St.
Suite 1700
Denver, CO 80202

DOMESTIC FILING

NAME: AFFINITY RETIREMENT SERVICES, INC.

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS: _____

FILED