PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 DEC 15 PM 2:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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12/15/03--01019--009 **150.00

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1. Limited Liability Company's Name

HANSEN-SALZMAN LLC

2. Principal Office Address	**3.** Mailing Office Address
1720 Sunset BLVD Boulder Co 80304	1720 Sunset Blvd Boulder Co 80304
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boulder Colorado	City & State: Boulder Colorado
Zip: 80304 Country: USA	Zip: 80304 Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 19th June / 2002

6. FEI Number: 90-0030338 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Gregory J. HANSEN.

Street Address (P.O. Box Number is Not Acceptable): ~~1720 Sunset Blvd~~ 26858 Hickory Blvd.

Suite, Apt. #, Etc.:

City: Bonita Springs | State: FL | Zip Code: 34134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Date: 12/10/03

REGISTERED AGENT MUST SIGN

CR8E041 (11/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm	Gregory J HANSEN	1720 Sunset Blvd	Boulder Co 80304
Mgrm	JEFFREY D. SALZMAN	1720 Sunset Blvd.	Boulder Co 80304

REINSTATEMENT 2003

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [signature] Date: 12/10/03 Daytime Phone #: 720-201-3142

Typed or printed name of signing Managing Member/Manager: GREGORY J. HANSEN