


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 SEP 28 PM 3:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA 05 [Signature] CR2E041 (8/05)	
DOCUMENT # L04000021817					
1. Limited Liability Company's Name LEOPOLD HOLDINGS, LLC					
2. Principal Office Address 2450 E. ALAMEDA AVE Suite, Apt. #, etc.		3. Mailing Office Address 303 S. BROADWAY Suite, Apt. #, etc. #200405		4. State/Country of Formation FLORIDA	
City & State DENVER, COLORADO		City & State DENVER, COLORADO		5. Date Organized or Qualified To Do Business in Florida 3/22/04	
Zip 80209	Country USA	Zip 80209	Country USA	6. FEI Number 20-2265949	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name CT CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
Suite, Apt. #, Etc.					
City PLANTATION				State FL	Zip Code 33324
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]		Jeffrey D. Butterfield Assistant Secretary		Date 9/28/06	
REGISTERED AGENT MUST SIGN					
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	CHARLES R. HASSAN	2450 E. ALAMEDA AVE		DENVER, CO 80209	
MGRM	HEATHER L. HASSAN	2450 E. ALAMEDA AVE		DENVER, CO 80209	
REINSTATEMENT 2005-2006 800080456298 10/04/06--01029--002 **200.00					
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 9/27/06		Daytime Phone # 303-810-8100	
Typed or printed name of signing Managing Member/Manager CHARLES R. HASSAN					