

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 NOV 28 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

MD00000002548

1. Limited Liability Company's Name

Aspen Amberwood, LLC

2. Principal Office Address

252 Clayton, 4th Floor

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Denver, CO

City & State

Same

Zip

80206

Country

USA

Zip

Same

Country

USA

4. State/Country of Formation

Colorado

5. Date Organized or Qualified  
To Do Business in Florida

12/13/2000

6. FEI Number

84-1568329

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

2001

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee, FL

State  
FL

Zip Code  
32301

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

Brian Courtney

as its agent

REGISTERED AGENT MUST SIGN

Date

11/28/01

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
Mgr	Robert J. Jacobs	252 Clayton St., 4th Fl.	Denver, CO 80206
Mgr	Pat Broe	252 Clayton St., 4th Fl.	Denver, CO 80206

000004696690-5

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

Date 11/27/01

Daytime Phone # 303-393-0033

Typed or printed name of signing Managing Member/Manager

Robert J. Jacobs

CR2E041 (9/00)

2012



ACCOUNT NO. : 072100000032

REFERENCE : 361835 5059367

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : November 27, 2001

ORDER TIME : 11:09 AM

ORDER NO. : 361835-020

CUSTOMER NO: 5059367

CUSTOMER: Ms. Cami Ross  
The Broe Companies, Inc.  
252 Clayton Street  
4th Floor  
Denver, CO 80206

RECEIVED  
01 NOV 28 AM 11:09  
DEPARTMENT OF STATE  
DIVISION OF CONSTITUTIONS  
TALLAHASSEE, FLORIDA

*Patricia P. [signature]*

REINSTATEMENT

NAME: ASPEN AMBERWOOD, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS \_\_\_\_\_