

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # M97000000138

1. Limited Liability Company's Name

CENTERPOINT FINANCIAL SERVICES, LLC

2. Principal Office Address

1675 Larimer St.

Suite, Apt. #, etc Ste. 880

City & State Denver, CO

Zip 80202

Country

3. Mailing Office Address

1675 Larimer St.

Suite, Apt. #, etc Ste. 880

City & State Denver, CO

Zip 80202

Country

4. State/Country of Formation Colorado

5. Date Organized or Qualified To Do Business in Florida

3/18/97

6. FEI Number 841374440

Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

Name C T Corporation System

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd.

Suite, Apt. #, Etc

City Plantation

State Zip Code FL 33324

700003456897-5 -11/08/00-01025-033 ***150.00 ***150.00

9. I hereby 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 Hiedi M. Liesch Hiedi M. Liesch, Asst. Secy. Date 10/18/00 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Member/Managers, Street Address of Each Managing Member/Manager, City, State, Zip. Includes entries for John W. and Kathleen J. Otto, Gordon R. Roberts, and Charles R. Schiell.

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 Charles R. Schiell, Member/Mgr. Date 10/30/2000 Daytime Phone # 303-615-5099 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER CHARLES R. SCHIELL