

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

01 NOV 19 AM 11:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M97000000138

1. Limited Liability Company's Name

CENTERPOINT FINANCIAL SERVICES, LLC

2. Principal Office Address

1675 Larimer Street

3. Mailing Office Address

1675 Larimer Street

Suite, Apt. #, etc.
 Suite 880

Suite, Apt. #, etc.
 Suite 880

City & State
 Denver, CO

City & State
 Denver, CO

Zip Country
 80202

Zip Country
 80202

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

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
 C T Corporation System

800004718158-3

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

-12/11/01--01026--005

***150.00 ***150.00

Suite, Apt. #, Etc.

City
 Plantation

State Zip Code
 FL 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 Hiedi M. Liesch, HIEDI M. LIESCH, SPECIAL ASST. SECY.
 REGISTERED AGENT MUST SIGN Date 10/22/01

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
Member	John W. and Kathleen J. Otto	49180 Sunrose Lane	Palm Desert, CA 92260
Member/Mgr.	Gordon R. Roberts	1675 Larimer St., Ste 880	Denver, CO 80202
Member/Mgr.	Charles R. Schiell	1675 Larimer St., Ste 880	Denver, CO 80202

REINSTATEMENT *of*

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 Date 11/4/01 Daytime Phone # 303-615-5099

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)