## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY			
COMPANY			
REINSTATEMENT			
/			



## FLORIDA DEPARTMENT OF STATE

🔨 Katherine Harris

Secretary of State

STCRETARY OF STATE DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS 02 SEP 16 PM 1:00 **DOCUMENT#** 1. Limited Liability Company's Name Aspen Wyndham Lakes, LLC Principal Office Address Mailing Office Address 252 Clayton Street 252 Clayton Street 4. State/Country of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. Colorado 4th Floor 5. Date Organized or Qualified 4th Floor To Do Business in Florida City & State ---City & State ---March 15, 1999-6. FEI Number Applied For Denver, CO Denver, CO 84-1493626 Country Not Applicable Zip Country \$5.00 Additional Fee required for a Certificate of Status 80206 80202 CERTIFICATE OF STATUS DESIRD United States United STates 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. State Zip Code Tallahassee 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 ( Registered	Agent Untha B. Carri	Cynthia L. Harris  Sent Must sign	Date 9/13/2002
<b>10.</b> Nam	nes and Street Addresses of Managing Members/Manager	s	·
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Patrick D. Broe	252 Clayton Street, 4th Floor	Denver, CO 80206
MGR .	-Robert J. Jacobs	252-Clayton Street, 4th Floor	Denver, CO 80206
		REINSTATEMENT 20	00078513183 -03/19/0201062009 *****205.00 *****205.00
11. I certif	y that I am managing member/manager or the receiver or	trustee empowered to execute this application as provided	5NS 2002

fling 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 Signature of

Typed or printed name of signing Managing Member/Manager

Managing Member/Manager

Manager

Date 9/10/02 Daytime Phone # 303-393-0033