

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

02 JUL 12 PM 1:35

W  
7/12

**DOCUMENT #** M99000001115

**1. Limited Liability Company's Name**

Aspen Retirement Management Company, LLC

**2. Principal Office Address**

252 Clayton Street

Suite, Apt. #, etc.

4th Floor

City & State

Denver, Colorado

Zip

80206

Country

United States

**3. Mailing Office Address**

252 Clayton Street

Suite, Apt. #, etc.

4th Floor

City & State

Denver, Colorado

Zip

80206

Country

United States

**4. State/Country of Formation**

Colorado

**5. Date Organized or Qualified  
To Do Business in Florida**

July 16, 1999

**6. FEI Number**

84-1338937

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**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

State

FL

Zip Code

32301-2525

**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

*Cynthia L. Harris*

**Cynthia L. Harris**  
as its agent

Date

7/12/02

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
MGR	Robert Jacobs	252 Clayton Street, 4th Fl.	Denver, CO 80206
MGR	David C. Morley	252 Clayton Street, 4th Fl.	Denver, CO 80206
MGR	Ken Messamore	252 Clayton Street, 4th Fl.	Denver, CO 80206

**REINSTATEMENT**

2001-  
2002

**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

*Ken Messamore*

Date

7/11/02

Daytime Phone#

303-393-0033

Typed or printed name of signing Managing Member/Manager Ken Messamore, Manager

CR2E041 (8/01)

2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 658695 5059367

AUTHORIZATION :

COST LIMIT : \$ 205.00

*Patricia Pizzit*

ORDER DATE : July 10, 2002

ORDER TIME : 10:53 AM

ORDER NO. : 658695-020

CUSTOMER NO: 5059367

CUSTOMER: Gerri Harwig, Corp Spec.  
The Broe Companies, Inc.  
252 Clayton Street  
4th Floor  
Denver, CO 80206

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
02 JUL 12 AM 11:38

REINSTATEMENT

NAME: ASPEN RETIREMENT MANAGEMENT  
COMPANY LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JUL 12 PM 1:35

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

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