

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

10f2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

01 DEC 13 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M99000002060

1. Limited Liability Company's Name

Aspen Atrium of Jacksonville, LLC

REINSTATEMENT

2. Principal Office Address

252 Clayton St.

3. Mailing Office Address

252 Clayton St.

Suite, Apt. #, etc.

4th Floor

Suite, Apt. #, etc.

4th Floor

City & State

Denver, CO

City & State

Denver, CO

Zip

80206

Country

USA

Zip

80206

Country

USA

4. State/Country of Formation

Colorado

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

12/23/99

6. FEI Number

84-1524689

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 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

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
Asst. V. Pres.

Date

12-13-01

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

100004725851--1

12-14-01

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager



2012
LLC

ACCOUNT NO. : 072100000032

REFERENCE : 361667 5059367

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : December 13, 2001

ORDER TIME : 2:10 PM

ORDER NO. : 361667-010

CUSTOMER NO: 5059367

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

Patricia Pajute

REINSTATEMENT

NAME: ASPEN ATRIUM OF JACKSONVILLE,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

01 DEC 13 PM 3:35

RECEIVED

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA