Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

BOULDER ASSOCIATES, A PROFESSIONAL CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,200.00

Susie ex 2956

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APR. 24. 2009 2:45PM C S C NO. 480 P. 1 of 2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

09 APR 24 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20787

REINSTATEMENT 06-09

CR2E081 (12/08)

1. Corporate Name

Boulder Associates, A Professional Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1426 Pearl Street	1426 Pearl Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 300	Suite 300
City & State	City & State
Boulder, Colorado	Boulder, Colorado
Zip: 80302 Country: U.S.A.	Zip: 80302 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 9/7/1988

5. FEI Number: 840817826 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. 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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Sue G. Knight as its agent Date: 4-24-2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Craig D. Mulford	693 W. Sagebrush Drive	Louisville, CO 80027
V/D	Nicholas J. Reimberg	850 13th Street	Boulder, CO 80302
V/D	Michael Fields	6429 Meadow Creek Way	Citrus Heights, CA 95621
S/T/D	Timothy C. Boers	2558 W. 32nd Avenue	Denver, CO 80211
C/D	Robert G. Owens, III	1942 Timber Lane	Boulder, CO 80304

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: Craig D. Mulford 4/24/09 (303) 499-7795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/24