PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P26240

1. Corporation Name

HAPI MANAGEMENT, INC.

FILED

02 JUN 28 PM 12: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT 28-02

| | | | | | | - STREET |
|-----------------------------|---|---------------------------|----------------------------|--|----------|--|
| 2. Principal Office Address | | 3. Mailing Office Address | | — Remoinieme | · · · | The state of the s |
| 2000 S. COLORADO BLVD | | 2000 S. COLORADO BLVD. | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| TOWER TWO #2-1000 | | TOWER TWO | #2-1000 | 4. Date Incorporated or Qualified To Do Business in Florida 09-29-89 | | |
| City & State | | City & State | | | | |
| DENVER, CO | | DENVER, CO | | 5. FEI Number 95-4168129 | \vdash | Not Applicable |
| Zip | Country | Zip | Country | 6. | Addition | nal Fee required |
| 80222 | USA | 80222 | USA | | | ate of Status |
| | | 7. Name | e and Address of Current R | egistered Agent | | |
| Nam | e CORPORATION SERV | ICE COMPANY | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST | | | 5000061054859 | | |
| Suite | e, Apt. #, Etc. | | | · · · · | | |

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

Delional d

TALLAHASSEE

Deborah D. Skipper REGISTERED AGENT MUST SIESST. V. Pres. Date 4/28/02

Zip Code 32301

State

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 |
|--------|--------------------------------------|---|--------------------|
| D/P | RONALD D. MONSON | 2000 S. COLO BLVD, TOWER TWO #2-1000 | DENVER, CO 80222 |
| D/VP | PATRICK J. FOYE | 2000 S. COLO BLVD., TOWER TWO #2-1000 | DENVER, CO 80222 |
| s | MILES CORTEZ | 2000 S. COLO BLVD., TOWER TWO #2-1000 | DENVER, CO 80222 |
| т | PATRICIA HEATH | 2000 S. COLO BLVD., TOWER TWO #2-1000 | DENVER, CO 80222 |
| AS | CHAD ASARCH | 2000 S. COLO BLVD., TOWER TWO #2-1000 | DENVER, CO 80222 |
| AS | TOM COWDREY | 2000 S. COLO BLVD., TOWER TWO #2-1000 | DENVER, CO 80222 |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 under section 119,07(3)(i), 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:

CHAD ASARCH, ASST. SECRETARY

6-24-2002

303.757.8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 641250 5124005

AUTHORIZATION

\$ 1,200.00

COST LIMIT

ORDER DATE: June 26, 2002

ORDER TIME : 10:20 AM

ORDER NO. : 641250-030

CUSTOMER NO: 5124005

CUSTOMER: Ms. Deborah Hokanson

Aimco

2000 South Colorado Blvd. Tower Two, Suite 2-1000

Denver, CO 80222

REINSTATEMENT

NAME: HAPI MANAGEMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS