

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 30 PM 3:22

DOCUMENT # P26885

1. Corporation Name

PEBBLEPOINT 55, INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1873 S BELLAIRE ST

3. New Mailing Office Address, If Applicable
1873 S BELLAIRE ST

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.
SUITE 1700

Suite, Apt. #, etc.
SUITE 1700

5. FEI Number

Applied For

City & State
DENVER, CO

City & State
DENVER, CO

52-1658532

Not Applicable

Zip
80222

Country
US

Zip
80222

Country
US

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	PETER KOMPANIEZ	1873 S BELLAIRE ST, STE 1700	DENVER, CO 80222
C/D	TERRY CONSIDINE	1873 S BELLAIRE ST, STE 1700	DENVER, CO 80222
S/V	JOEL BONDER	1873 S BELLAIRE ST, STE 1700	DENVER, CO 80222
T/V	PATRICIA HEATH	1873 S BELLAIRE ST, STE 1700	DENVER, CO 80222

REINSTATEMENT

95-99

900003002499--7

-10/01/99--01048--001

***1350.00 ***1350.00

LF

104-99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Laura R. Pung

REGISTERED AGENT MUST SIGN

Date 10-1-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL BONDER, SECRETARY

Date

1999

Daytime Phone #

(303)757-8101



ACCOUNT NO. : 072100000032

REFERENCE : 299777 7183920

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : July 7, 1999

ORDER TIME : 12:40 PM

ORDER NO. : 299777-065

CUSTOMER NO: 7183920

CUSTOMER: Leslie Green, Corp Paralegal
AIMCO
AIMCO
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

File
1st

DOMESTIC FILING

NAME: PEPPLEPOINT 55, INC.

EFFECTIVE DATE:

XX REINSTATEMENT
 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

EXAMINER'S INITIALS: _____

RECEIVED
59 SEP 30 PM 1:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA