PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 OCT 31 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054185

1. Corporation Name: WINDCREST/CROSSING II, INC.

2. Principal Office Address	3. Mailing Office Address
1801 CALIFORNIA STREET	1801 CALIFORNIA STREET
Suite, Apt. #, etc.: 3700	Suite, Apt. #, etc.: 3700
City & State: DENVER, CO	City & State: DENVER, CO
Zip: 80202 Country: USA	Zip: 80202 Country: USA

02

4. Date Incorporated or Qualified To Do Business in Florida: 06/19/1997

5. FEI Number: 59-3452981 ☐ 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

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: Cynthia A Harris **Cynthia L. Harris as its agent** Date: 10/31/2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
DIR	DAVID CHEUNG	1801 CALIFORNIA, #3700	DENVER, CO 80202
P/S/T	MAREN STEINBERG	1801 CALIFORNIA, #3700	DENVER, CO 80202
			P00000730377

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 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: MAREN STEINBERG/PRES. 10/17/02 303-293-8500

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

JS 10/31/02