

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JUL 20 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V62098**

1. Corporation Name

HPA PROPERTIES CORPORATION

Principal Place of Business

**435 W. MAIN STREET
SUITE 230
ASPEN CO 81611
US**

Mailing Address

**435 W. MAIN STREET
SUITE 230
ASPEN CO 81611
US**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1992

5. FEI Number

65-0376443

Applied For

Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTS	HAUSFIELD, AUDREY LEA	435 WEST MAIN STREET	ASPEN CO 81611
V	HAUSFIELD, RICHARD	435 WEST MAIN STREET	ASPEN CO 81611
			200002597022--7 -07/23/98--01093--001 ****750.00 ****750.00
			200002597022--7 -07/23/98--01093--002 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

**SHAPIRO, ROBERT L
1645 PALM BEACH LAKES BLVD.
STE. 600
WEST PALM BEACH FL 33401**

9. Name and Address of New Registered Agent

Name
Robert L. Shapiro
Street Address (P.O. Box Number is Not Acceptable)
2401 PGA Blvd. Ste 272
Suite, Apt. #, Etc.
City **Palm Beach Gardens** State **FL** Zip Code **33410-3515**

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

REGISTERED AGENT MUST SIGN

Date **6-1-98**

11. This corporation owes or has paid 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)(l), 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:

Audrey Lea Hausfield, Pres. 5/6/98 (970) 920-3877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR02040 (8/97)