

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JUN 28 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P26240

1. Corporation Name
HAPI MANAGEMENT, INC.

2. Principal Office Address
2000 S. COLORADO BLVD

3. Mailing Office Address
2000 S. COLORADO BLVD.

Suite, Apt. #, etc.
TOWER TWO #2-1000

Suite, Apt. #, etc.
TOWER TWO #2-1000

City & State
DENVER, CO

City & State
DENVER, CO

Zip Country
80222 USA

Zip Country
80222 USA

4. Date Incorporated or Qualified
To Do Business in Florida 09-29-89

5. FEI Number 95-4168129 Applied For Not Applicable

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

REINSTATEMENT *9802*

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS ST

Suite, Apt. #, Etc.

City
TALLAHASSEE

500006105485-9

State Zip Code
FL 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 *Deborah D. Skipper* Deborah D. Skipper Date *6/28/02*

REGISTERED AGENT MUST SIGN *Asst. V. Pres.*

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
T	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 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: *Chad Asarch* CHAD ASARCH, ASST. SECRETARY Date 6-24-2002 303.757.8101

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

CR2E081 (9/01)



ACCOUNT NO. : 072100000032
 REFERENCE : 641250 5124005
 AUTHORIZATION : *Patricia Pigute*
 COST LIMIT : \$ 1,200.00

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

RECEIVED
 02 JUN 28 AM 11:52
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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 _____