



Colorado Secretary of State  
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**Articles of Reinstatement**

filed pursuant to §7-90-301, et seq. and §7-90-1003 of the Colorado Revised Statutes (C.R.S.)

ID Number 19871630751

1. Entity name of the entity immediately  
 prior to its dissolution:

RIVERWALK MASTER ASSOCIATION

2. Entity name of the entity following  
 reinstatement:

RIVERWALK MASTER ASSOCIATION

*(The domestic entity name of a domestic entity following reinstatement shall be the same as the domestic entity name of the domestic entity immediately prior to dissolution if such domestic entity name complies with section 7-90-601, C.R.S. at the time of reinstatement. If such entity name is not available at the time of reinstatement, it shall include the word "reinstated", followed by the year of reinstatement.)*

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, make the applicable selection):*

- "bank" or "trust" or any derivative thereof
- "credit union"       "savings and loan"
- "insurance", "casualty", "mutual", or "surety"

4. Registered agent: (if an individual):  
 OR (if a business organization):

CRIDER                      VALERIE  
 (Last)                              (First)                      (Middle)                      (Suffix)

5. The person appointed as registered agent in the document has consented to being so appointed.

6. Registered agent street address:

2751 Riverwalk Circle  
 (Street name and number)

Littleton                      CO      80123  
 (City)                              (State)                      (Postal/Zip Code)

7. Registered agent mailing address:  
 (if different from above)

\_\_\_\_\_  
 (Street name and number or Post Office Box information)

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Donetta Davidson, as the Secretary of State of the State of Colorado, hereby certify that,  
according to the records of this office,  
RIVERWALK MASTER ASSOCIATION

is a  
Nonprofit Corporation

formed or registered on 07/25/1985 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871630751 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/04/2005 that have been posted, and by documents delivered to this office electronically through 02/11/2005 @ 14:49:33 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 02/11/2005 @ 14:49:33 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6148712 .



*Donetta Davidson*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

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16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Baker                      Shari                      R.  
(Last)                                      (First)                                      (Middle)                                      (Suffix)

555 17th Street, Suite 3200  
(Street name and number or Post Office Box information)

Denver                                      CO                      80202  
(City)    (State)                                      (Postal/Zip Code)  
United States  
(Province – if applicable)                                      (Country – if not US)

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)*

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
**United States**  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

8. Principal office street address:

**2751 WEST RIVERWALK CIRCLE**  
\_\_\_\_\_  
(Street name and number)

\_\_\_\_\_  
**LITTLETON** (City) **CO** (State) **80123** (Postal/Zip Code)  
\_\_\_\_\_  
**United States**  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

9. Principal office mailing address:  
(if different from above)

\_\_\_\_\_  
(Street name and number or Post Office Box information)

\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
**United States**  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

10. Date of formation of the entity:

**07/25/1985**  
\_\_\_\_\_  
(mm/dd/yyyy)

11. Date of dissolution:  
(if known)

**01/19/2005**  
\_\_\_\_\_  
(mm/dd/yyyy)

12. If the entity's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

\_\_\_\_\_  
(mm/dd/yyyy)

**OR**

If the entity's period of duration as amended is perpetual, mark this box:

13. (Optional) Delayed effective date:

\_\_\_\_\_  
(mm/dd/yyyy)

14. Colorado statute under which the entity existed immediately prior to dissolution:

**C.R.S. 7-121-101, et. seq**  
\_\_\_\_\_

15. All applicable conditions of CRS §7-90-1002 have been satisfied.

Notice:

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