PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR -3 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000000899

1. Corporation Name

Harborside Health I Corporation

REINSTATEMENT
05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
One Beacon Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1100			
City & State		City & State	
Boston, MA			
Zip	Country	Zip	Country
02108	USA		

4. Date Incorporated or Qualified To Do Business in Florida: 2/18/04

5. FEI Number: 51-0304578 ☐ 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: 32301-2525

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] Asst. V.P. Date: 4-2-07

REGISTERED AGENT MUST SIGN

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
P/D	Damian Dell'Anno	One Beacon St., Suite 1100	Boston, MA 02108
T	William H. Stephan	One Beacon St., Suite 1100	Boston, MA 02108
S	Nathaniel J. Dudley	One Beacon St., Suite 1100	Boston, MA 02108
D	W. Christian McCollum	One Beacon St., Suite 1100	Boston, MA 02108
D	Lars Haegg	One Beacon St., Suite 1100	Boston, MA 02108
			N70009568537

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 contained in Chapter 119, 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] William H. Stephan 3/28/07

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

CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 831411 4304959

AUTHORIZATION

COST LIMIT : $ 1050.00

ORDER DATE : April 2, 2007

ORDER TIME : 10:35 AM

ORDER NO. : 831411-005

CUSTOMER NO: 4304959

REINSTATEMENT

NAME: HARBORSIDE HEALTH I CORPORATION

XX___ REINSTATEMENT - FILE FIRST

**NOTE; CLIENT WANTS TO REINSATE AND THEN OFFICIALLY WITHDRAW; THE WITHDRAWAL FORM IS ATTACHED.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

RECEIVED
07 APR -3 PM 12:46
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS _____