

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

FILED

07 APR -3 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F04000000899

1. Corporation Name

Harborside Health I Corporation

2. Principal Office Address - No P.O. Box #  
One Beacon Street

3. Mailing Office Address

Suite, Apt. #, etc.  
Suite 1100

Suite, Apt. #, etc.

City & State  
Boston, MA

City & State

Zip  
02108

Country  
USA

Zip

Country

REINSTATEMENT

05-07

CR2E081 (1/07)

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]*

A. 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<br>Officers and/or Directors | Street Address of Each<br>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   |
|        |                                      |   |                    |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William H. Stephan* William H. Stephan 3/23/07

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

282

ACCOUNT NO. : 072100000032

REFERENCE : 831411 4304959

AUTHORIZATION

*[Handwritten signature]*

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  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS \_\_\_\_\_