PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #** 1. Corporation Name 98 FEB 24 AM 9: 22 HRA Broadwater, Inc. Principal Place of Business Mailing Address **400002451854**---**6** -03/10/98--01033--005 2321 Whitney Avenue 2 Romest Park Drive Farmington, CT 06032 Handen, CT \*\*\*\*900.00 \*\*\*\*900.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 1177 Kane Concourse 2. New Principal Office Address, If Applicable 1177 Kane Concourse Date Incorporated or Qualified To Do Business in Florida 5/3/93 Suite, Apt. #, etc. 222 Suite, Apt. #, etc. 222 5. FEI Number Applied For 65-0370356 City & State Bay Harbor, FL City & State Bay Harbour, FL Not Applicable \$8.75 Additional Fee required Country USA Country Zip 33154 33154 USA CERTIFICATE OF STATUS DESIRED for a Certificate of Statu 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip and/or Directors Title(s) P & D Leanard W. Cotton 181 West Hills Road New Canaan, CT 06840 VΡ Robett donfinen 1177 Kane Concourse Bay Harbor, FL 33154 **VP** Carrol MacKinnon 177 Kane Concourse Bay Harbor, FL 33154 S Diane Blase 250 Main Street Hartford, CT 06106 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Robert Dorfman Street Address (P.O. Box Number is Not Acceptable) c/o Harbour Realty Advisors, Inc. Suite, Apt. #, Etc. 1177 Kane Concourse, #222 City Bary Harbour, FL 33154 10. I, being appointed the registered and it the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent \_ ISTERED AGENT MUST SIGN This corporation owes or Mas paid the current year (See other side for information No X Yes 📙 on intangible tax.) Intangible Personal Property fax due June 30. 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 filling 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 accordate, and my signature shall have the same legal effect as if made under oath.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR