

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 10:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **F96000006131**

1. Corporation Name

HH PROPERTIES-I, INC.

Principal Place of Business

300 BAUSCH & LOMB PLACE
 ROCHESTER NY 14604

Mailing Address

300 BAUSCH & LOMB PLACE
 ROCHESTER NY 14604

000023973620
 11/20/03--01072--021 **150.00



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.
400 LINDEN OAKS
 City & State
ROCHESTER, NY
 Zip
14625 Country
USA

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.
400 LINDEN OAKS
 City & State
ROCHESTER, NY
 Zip
14625 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

11/22/1996

5. FEI Number

16-1511413

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75. Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
COB	WILSON, E. ANTHONY	300 BAUSCH & LOMB PLACE 400 LINDEN OAKS	ROCHESTER NY 14604 14625
V/D	SAHS, BRUCE A	300 BAUSCH & LOMB PLACE 400 LINDEN OAKS	ROCHESTER NY 14604 14625
VTAD	PEEK, RALPH L	300 BAUSCH & LOMB PLACE 400 LINDEN OAKS	ROCHESTER NY 14604 14625
D	LOCKWOOD, ALAN S	300 BAUSCH & LOMB PLACE 400 LINDEN OAKS	ROCHESTER NY 14604 14625
V	BURNS, CHRISTOPHER B	300 BAUSCH & LOMB PLACE 400 LINDEN OAKS	ROCHESTER NY 14604 14625
PCEO	BLANK, THOMAS W	300 BAUSCH & LOMB PLACE 400 LINDEN OAKS	ROCHESTER NY 14604 14625

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

000023973620
 10/21/03--01083--003 **500.00

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Kevin A. Seburnia
Kevin A. Seburnia, Asst Secy
 (REGISTERED AGENT MUST SIGN)

Date

10/16/03

11. 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:

Christopher B. Burns
CHRISTOPHER B. BURNS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

585-469-4040

CR2E040 (7/03)