PLEASE READ ALL INSTRUCTIONS BEFORE COM LETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris **FOR** Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # F97000002882 99 AUG 20 PM 3: 56 1. Corporation Name NHR Georgia, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 711 Westchester Avenue 5460 Beaumont Center Blvd Suite 542 2nd Floor Tampa, FL 33634 White Plains, NY 10604 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 2/13/96 Suite Apt #. etc. Suite, Apt. #. etc 5. FEI Number Applied For 11-3305541 City & State City & State Not Applicable \$8.75. A sittemattee resource Ζıp Country CERTIFICATE OF STATUS DESIRED 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 and/or Directors City / State / Zip Title(s) Directór/ Christopher J. Garcia 711 Westchester Avenue White Plains, NY 10604 President Director/ Secretary James J. Cusumano 711 Westchester Avenue White Plains, NY 10604 00002971**51**5--08/26/99--01085--0 -01085--016 ****900.00 ****900.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation, FL 33324 Suite, Apt. #, Etc. State 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.

Signature of Signature of Registered Agent SPECIAL ASSISTANT SECRETARY PREGISTERED AGENT MUST SIGN 8/20/99 (See other side for information on intangible tax.) This corporation owes the current year Yes 🛛 No 📙 Intangible Personal Property Tax due June 30. 12. Learnify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 607.0-401 or 617.0-401. 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. 8/19/99 (914) 286-4223 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Cusumano, Secretary