PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 NOV -7 PM 12: 12

DOCUMENT # L00000006110

1. Limited Liability Company's Name
HAA PREFERRED PARTNERS, L.L.C.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
703 Waterford Way		122 South Michigan Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 390		Suite 1100	
City & State		City & State	
Miami		Chicago	
Zip	Country	Zip	Country
FL	USA	IL	60603

CR2E041 (1/14)

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business In Florida 05/26/2000

6. FEI Number 65-1012317 [ ] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
1200 South Pine Island Road

Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

900290057602

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent [signature], Assistant Secretary Date 11-3-16
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Steven Paraboschi	703 Waterford Way, Suite 390	Miami, FL 33126
CFO	David Dos Reis	703 Waterford Way, Suite 390	Miami, FL 33126
SECY	Blessy George	703 Waterford Way, Suite 390	Miami, FL 33126
	REINSTATEMENT		
	2016		

11. E-mail Address: info@baystatecorp.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member [signature] Date 11/3/16 Daytime Phone # 312-935-3560

Typed or printed name of signing authorized representative/member Blessy George

NOV - 7 2016

L BERGER

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: **11/7/16**

NAME: HAA PREFERRED PARTNERS, L.L.C.

TYPE OF FILING: **REINSTATEMENT**

COST: **238.75**

RETURN: **PLAIN COPY PLEASE**

RECEIVED
16 NOV -8 AM 2:12

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE** PHodge