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.

CR2E041 (1/14)

| 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 |

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: Kelly L Berger, 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: _____ 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**

16 NOV -8 AM 2:12

ACCOUNT: **FCA000000015**

**AUTHORIZATION:** **ABBIE/PAUL HODGE** AHodge