


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L02000010437</b>					
1. Limited Liability Company's Name HQM of Bayside, LLC					
2. Principal Office Address 2979 PGA Boulevard		3. Mailing Office Address 2979 PGA Boulevard		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 10/01/2004	
City & State Palm Beach Gardens		City & State Palm Beach Gardens		6. FEI Number	
Zip 33410 Country US		Zip 33410 Country US		Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Corporate Creations Network Inc.					
Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road					
Suite, Apt. #, Etc. #221E					
City Palm Beach Gardens				State FL	Zip Code 33410
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent		Norman A Pasquier Assistant VP Corporate Creations		Date 10/17/2005	
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
P	Joseph Steier	2979 PGA Boulevard		Palm Beach Gardens, FL 33410	
CEO	Paul Walczak	2979 PGA Boulevard		Palm Beach Gardens, FL 33410	
C	Elizabeth Fago	2979 PGA Boulevard		Palm Beach Gardens, FL 33410	
D	Home Quality Management, Inc.	2979 PGA Boulevard		Palm Beach Gardens, FL 33410	
<b>REINSTATEMENT 2004-2005</b> 600060923446 10/25/05--01058--024 **105 00					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.					
Signature of Managing Member/Manager		Norman Pasquier		Date 10/17/2005 Daytime Phone # 305-672-0686	
Typed or printed name of signing Managing Member/Manager Norman Pasquier as attorney in fact for: Sandra Adams, Chairman					

CR2E041 (10/02)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: HQM of Bayside, LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$205.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004 and 2005

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:   
by N. Pasquier as attorney-in-fact for:

Name: Elizabeth Fago

Title: Chairman

Date:

BK