2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000010437

Entity Name: HQM OF BAYSIDE, L.L.C.

FILED Oct 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2401 PGA BLVD. 2979 PGA BOULEVARD

PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 US

Current Mailing Address: New Mailing Address:

2401 PGA BLVD. 2979 PGA BOULEVARD

PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 US

FEI Number: 01-0680672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK INC.

CORPORATE CREATIONS NETWORK INC.

11380 PROSPERITY FARMS ROAD, #221-E 11380 PROSPERITY FARMS ROAD

PALM BEACH GARDENS, FL 33410 US #221-E

PALM BEACH GARDENS, FL 33410 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NORMAN PASQUIER, ASST. SECRETARY 10/18/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: P () Delete Title: MGRM (X) Change () Addition Name: STEIER, JOSEPH Name: HOME QUALITY MANAGEM, ENT, INC.

Address: 2401 PGA BLVD. Address: 2979 PGA BOULEVARD

City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: CEO (X) Delete Title: () Change () Addition

 Name:
 WALCZAK, PAUL
 Name:

 Address:
 2401 PGA BLVD.
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 City-St-Zip:

Title: C (X) Delete Title: () Change () Addition

 Name:
 FAGO, ELIZABETH
 Name:

 Address:
 2401 PGA BLVD.
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 HOME QUALITY MANAGEM, ENT, INC.
 Name:

 Address:
 2401 PGA BLVD.
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BY N PASQUIER AS ATTORNEY IN FACT MGRM 10/18/2006