REINSTATEMENT 2001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 OCT 22 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000003666

1. Limited Liability Company's Name

HHA OF LITTLE HARBOUR, LLC

2. Principal Office Address		**3.** Mailing Office Address	
42 Woodbury Street		42 Woodbury Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: w Hamilton, MA		City & State: W Hamilton, MA	
Zip: 01982	Country: US	Zip: 01982	Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/22/1999

6. FEI Number: 582533047 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 additional fee required [illegible]

8. Name and Address of Current Registered Agent

Name: James W. Goodwin

Street Address (P.O. Box Number is Not Acceptable): Macfarlane Ferguson & McMullen, 400 North Tampa St.

Suite, Apt. #, Etc.: Suite 2300

City: Tampa | State: FL | Zip Code: 33602

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****150.00 ****150.00

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: [signature] REGISTERED AGENT MUST SIGN Date: 10/17/01

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
MGRM	Helen H. Ayer	42 Woodbury Street	W Hamilton, MA 01982

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 608.408, 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: [signature] Date: 10/18/01 Daytime Phone #: 978-468-1331

Typed or printed name of signing Managing Member/Manager: Helen H. Ayer, Manager

MACFARLANE FERGUSON