

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

55.00  
7

APPLICATION  
FOR  
REINSTATEMENT



DIVISION OF CORPORATIONS

M00000000190

FILED

03 OCT 31 AM 8:56

1. DOCUMENT # M00000000190

Name and Mailing Address

0016538 01 MB 0.309 \*\*AUTO TO 0 0615 60606-160425



HSA-DOA, LLC  
C/O HSA COMMERCIAL, INC.  
180 NORTH WACKER DRIVE, SUITE 500  
CHICAGO IL 60606-1604

Bh

TALLAHASSEE, FLORIDA



200024551352  
11/10/03--01014--021 \*\*10.00

2. New Mailing Address 17 Spring Place Morristown, NJ 07960		4. State/Country of Formation DE	
Principal Place of Business C/O HSA COMMERCIAL, INC. 180 NORTH WACKER DRIVE, SUITE 500 CHICAGO IL 60606		5. Date Organized or Qualified To Do Business in Florida 01/31/2000	
3. New Principal Place of Business Address 17 Spring Place Morristown, NJ 07960		6. FEI Number 36-3875658	
		Applied For 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 LEXIS DOCUMENT SERVICES, INC. 201 HAYS STREET TALLAHASSEE, FL 32301		9. Name and Address of New Registered Agent Name: NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 526 E. PARK AVE. City: Tallahassee FL 32301	
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10. 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: Ed Hand *Ed Hand* Date: 10/31/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SHAFFER, JOHN E	180 N WACKER DRIVE #500	CHICAGO IL 60606
MGRM	SMILETANA ROBERT E	180 N WACKER DRIVE #500	CHICAGO IL 60606
MGRM	FINDLEY, STEPHEN J	321 N CLARK ST #1010	CHICAGO IL 60610
MGRM	PILET, MELISSA S	180 N WACKER DRIVE #500	CHICAGO IL 60606
MGRM	PRAM/M.H.W Realty, LLC	17 Spring place	Morristown, NJ 07960

12. 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: *Pincus Rand* Date: 10/30/03 Daytime Phone #: (973) 292-0552

Typed or printed name of signing Managing Member/Manager: Pincus Rand

CR2E034 (7/03)

M000000000190 (2)

Signature Attachment

BN

FILED  
03 OCT 31 AM 8:58  
TALAMON, E. LORICA

HSA-DQA, LLC

By: PRAM/MHW Realty, LLC its Managing Member

By: Pincus Rand its Managing Member

Pincus Rand

Date: October 31, 2003

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HSA-DOA, LLC  
17 Spring Place  
Morristown, NJ 07960  
(973) 292-0552

(3)

FILED  
03 OCT 31 AM 8:56  
TALLAHASSEE, FLORIDA

October 30, 2003

Secretary of State  
Corporate Filing Section  
409 E. Gaines Street  
Tallahassee, FL 32399

BK

Re: HSA-DOA, LLC

Gentlemen:

Attached please find payment for reinstatement. We had a change of ownership/location and we failed to receive the necessary documentation to renew our status.

In view of this fact, anything done in our favor will be greatly appreciated.

Sincerely yours,



Pincus Rand  
Managing Member