PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
01 NOV 28 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M99000000984

1. Limited Liability Company's Name
Third Party Investors I, L.L.C.

REINSTATEMENT 2000-2001

2. Principal Office Address		**3.** Mailing Office Address	
10000 Innovation Drive		10000 Innovation Drive	
Suite, Apt. #, etc.		Suite, Apt.# etc.	
City & State		City & State	
Milwaukee, WI		Milwaukee, WI	
Zip	Country	Zip	Country
53226	USA	53226	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
6/29/99

6. FEI Number
38-3447881
☐ 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
CT Corporation System

100004702341--0
-12/03/01--01058--005
****205.00 ****205.00

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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 _____ Date 11-27-01
REGISTERED AGENT MUST SIGN
Allan Farnell, Assistant Vice President

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	Alterra Healthcare Corporation (Sole Member)	10000 Innovation Drive	Milwaukee, WI 53226

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 _____ Date 11-26-01 Daytime Phone # 414/918-5000

Typed or printed name of signing Managing Member/Manager Mark W. Ohlendorf, Senior Vice President, Alterra Healthcare Corporation