

NOV-27-2001 17:09

CT CORPORATION

4048886498 P.02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>M99000000 984</u>					
1. Limited Liability Company's Name <u>Third Party Investors I, L.L.C.</u>					
2. Principal Office Address <u>10000 Innovation Drive</u>			3. Mailing Office Address <u>10000 Innovation Drive</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <u>Milwaukee, WI</u>			City & State <u>Milwaukee, WI</u>		
Zip <u>53226</u>	Country <u>USA</u>	Zip <u>53226</u>	Country <u>USA</u>	4. State/Country of Formation <u>Delaware</u>	
				5. Date Organized or Qualified To Do Business in Florida <u>6/29/99</u>	
				6. FEI Number <u>38-3447881</u>	Applied For ☐ Not Applicable ☐
				7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status	

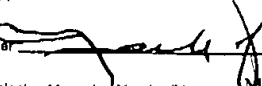
REINSTATEMENT2000-
2001

8. Name and Address of Current Registered Agent		
Name <u>CT Corporation System</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u>		
Suite, Apt. #, Etc.		
City <u>Plantation</u>	State <u>FL</u>	Zip Code <u>33324</u>

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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 		Allan Farnell, Assistant Vice President <u>11-27-01</u>	
REGISTERED AGENT MUST SIGN			
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 608.406, 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 it made under oath.			
Signature of Managing Member/Manager 		Date <u>11-26-01</u> Daytime Phone # <u>414/918-5000</u>	
Typed or printed name of signing Managing Member/Manager <u>Mark W. Ohlendorf, Senior Vice President, Alterra Healthcare Corporation</u>			