

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT

DOCUMENT # M99000000984

1. Limited Liability Company's Name
THIRD PARTY INVESTORS I, LLC
REINSTATEMENT 2002-2003

2. Principal Office Address
10000 INNOVATION DRIVE
Suite, Apt. #, etc.
City & State
MILWAUKEE, WI
Zip
53226
Country
USA

3. Mailing Office Address
10000 INNOVATION DRIVE
Suite, Apt. #, etc.
% TAX DEPT
City & State
MILWAUKEE, WI
Zip
53226
Country
USA

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida
2000

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

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.
City
PLANTATION

700014317697
03/18/03--01038--020 **205.00

State
FL
Zip Code
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 Joan Bolden **JOAN BOLDEN** **ASSISTANT SECRETARY** Date 3/13/03
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	10000 INNOVATION DRIVE	MILWAUKEE, WI 53226

REINSTATEMENT 2002-2003

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 if made under oath.

Signature of Managing Member/Manager Kristen Ferge Date 3-6-03 Daytime Phone # 414-918-5593
Typed or printed name of signing Managing Member/Manager KRISTEN FERGE