

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


192

FILED

07 APR -3 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000000899

1. Corporation Name

Harborside Health I Corporation

REINSTATEMENT

05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # One Beacon Street		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 1100		Suite, Apt. #, etc.	
City & State Boston, MA		City & State	
Zip 02108	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 2/18/04

5. FEI Number 51-0304578	Applied For
	Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

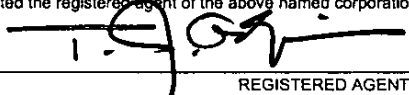
City
Tallahassee

State
FL

Zip Code
32301-2525

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  A. V. P. Date 4-2-07

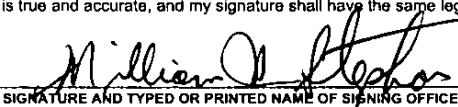
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Damian Dell'Anno	One Beacon St., Suite 1100	Boston, MA 02108
T	William H. Stephan	One Beacon St., Suite 1100	Boston, MA 02108
S	Nathaniel J. Dudley	One Beacon St., Suite 1100	Boston, MA 02108
D	W. Christian McCollum	One Beacon St., Suite 1100	Boston, MA 02108
D	Lars Haegg	One Beacon St., Suite 1100	Boston, MA 02108

700095886537

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:  William H. Stephan 3/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032
REFERENCE : 831411 4304959
AUTHORIZATION *[Signature]*
COST LIMIT : \$ 1050.00

ORDER DATE : April 2, 2007
ORDER TIME : 10:35 AM
ORDER NO. : 831411-005
CUSTOMER NO: 4304959

REINSTATEMENT

NAME: HARBORSIDE HEALTH I
CORPORATION

XX REINSTATEMENT - FILE FIRST

**NOTE; CLIENT WANTS TO REINSATE AND THEN OFFICIALLY
WITHDRAW; THE WITHDRAWAL FORM IS ATTACHED.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS _____

RECEIVED
07 APR -3 PM 12:46
FLORIDA STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA