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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 10 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19687

1. Corporation Name
TRANSWORLD HOME HEALTHCARE-NURSING DIVISION, INC.

2. Principal Office Address 555 Madison Avenue		3. Mailing Office Address 555 Madison Avenue	
Suite, Apt. #, etc. 30th Floor		Suite, Apt. #, etc. 30th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10022	Country USA	Zip 10022	Country USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida **06/17/1988**

5. FEI Number **222853420**

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

7. Name and Address of Current Registered Agent

Name **NRAI Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable) **526 E. Park Avenue**

Suite, Apt. #, Etc.

City **Tallahassee**

State **FL** Zip Code **32301**

300038210523
06/24/04--01005--004 **750.00
300038210523
06/24/04--01005--005 **17.50

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 *C. Bacht, V.P.* Date *6/9/04*

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
Pres.	Sarah L. Eames	555 Madison Avenue	New York, NY 10022
V. Pres.	Marvet Abbassi	555 Madison Avenue	New York, NY 10022
Chairman	Timothy Aitken	555 Madison Avenue	New York, NY 10022

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 under section 119.07(3)(f), 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: *Marvet Abbassi*, Marvet Abbassi, V. Pres. Date *6/3/2004* Daytime Phone # *212-750-0064*

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

CR2E081 (10/02)

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June 7, 2004

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Transworld Home Healthcare-Nursing Division, Inc.
FEI Number: 222853420

Dear Sir or Madam:

We would appreciate your waiving the \$600.00 penalty reinstatement fee imposed since we did not receive the annual reports for the years of 2000, 2001, 2002, 2003 and 2004. Please note that we have had a change of address.

If you require additional information, please contact me at 212-750-0064. Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Marvet Abbassi'.

Marvet Abbassi
Financial Controller