

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -9 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009417080

12/09/02--01046--004 **308.75

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000000691			
1. Corporation Name Net 30, Inc. dba Patient Resources Company			
2. Principal Office Address 75 Maiden Lane		3. Mailing Office Address 75 Maiden Lane	
Suite, Apt. #, etc. 7th Floor		Suite, Apt. #, etc. 7th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10038	Country U.S.A.	Zip 10038	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida		2/8/2000
5. FEI Number 13-3273887	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent		
Name Lexis Document Services Inc.		
Street Address (P.O. Box Number is Not Acceptable) 3953 WW Kelley Road		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32311

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

Karen Stephenson, Asst Secy
REGISTERED AGENT MUST SIGN

Date 12/4/02

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	Glessing, George	75 Maiden Lane	New York, NY 10038
ST	Peng, Stephen	75 Maiden Lane	New York, NY 10038
CD	Barrett, Caroline M.	75 Maiden Lane	New York, NY 10038
D	Cooperman, Robert M.	75 Maiden Lane	New York, NY 10038
D	Galvin, James F.	75 Maiden Lane	New York, NY 10038

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)(i), 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:

Caroline M. Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/02
Date

(212)
228-1994
Daytime Phone #

CR2E081 (9/01)

12/11



PO BOX 655 MADISON SQUARE STATION
NEW YORK, NY 10159
(212) 260-6270 • FAX (212) 477-4415

December 6, 2002

Secretary of State
Florida Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

Re: Net 30, Inc. d/b/a Patient Resources Company
FEI #13-3273887

Dear Sir:

This letter is to notify you that we never received renewal notices for 2001 and 2002 for the continued use of our dba. We discovered our inactive status while browsing the Florida Sunbiz.org site.

We are enclosing a Florida corporation reinstatement form along with a check for \$308.75 representing annual fees for 2001 and 2002, and fee for a certificate of status.

Thank you for your kind assistance in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Caroline M. Barrett".

Caroline M. Barrett
Chairman of the Board

Encl.