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DIVISION OF CORPORATION

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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 1156

ACCOUNT NO. : 072100000032 REFERENCE AUTHORIZATION COST LIMIT : \$ 70.00 ORDER DATE: October 3, 2003 ORDER TIME : 11:14 AM ORDER NO. : 267078-005 CUSTOMER NO: 7151353 CUSTOMER: Mr. Marc Orth Mr Thomas Muldoon 699 Burmont Road Drexel Hill, PA 19026-3104 FOREIGN FILINGS NAME: HOMEWARD BOUND SERVICES OF NORTH AMERICA, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. |
|--|
| 1. HOMEWARD BOUND SERVICES OF NORTH AMERICA, INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" of words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) |
| 2. PENNSYLVANIA (State or country under the law of which it is incorporated) 3. 23-3083256 (FEI number, if applicable) |
| 4. 5/9/8/ 5. PRIETWAL (Duration: Year corp. will cease to exist or "perpetual") |
| 6. <u>UPON QUAUTFICATION</u> (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") |
| (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 699 BURMENT RD DREKER HALL, DR 1900(0 (Principal office address) |
| SAME AS ABOUE (Current mailing address) |
| 8. Home Active CARE (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) |
| Name: Corporation Service Company |
| Office Address: 1201 Hays Street |
| Tallahassee , Florida 32301 (City) (Zip code) |
| 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. |
| Company (Registered agent's signature) |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: _ Address: _ Director: _ Address: _ **B. OFFICERS** President: MARC ORTH Address: 697 BURMONT RD. HOU PA 19026 Vice President: THMAS MULDOOM Secretary: ____THIMAS Treasurer: ____MARC_ARTH NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARC ORTH, PRESIDENT

(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

October 10, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HOMEWARD BOUND SERVICES OF NORTH AMERICA, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth