

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR -5 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F92000000416

**1. Corporation Name**

PERSONAL TOUCH HOME CARE OF FL, INC.

**2. Principal Office Address**

8001 S.W. 36 STREET, #8

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

Zip

33179

Country

U S A

**3. Mailing Office Address**

222-15 NORTHERN BLVD

Suite, Apt. #, etc.

City & State

BAYSIDE, N. Y.

Zip

11361

Country

U S A

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/30/92

**5. FEI Number**

650372468

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

**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.**

**Patrick Lalor, Assistant Secretary**

Signature of

Registered Agent

*Patrick Lalor*

Date **March 4, 2002**

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
PRESID	DR FELIX GLAUBACH	222-15 NORTHERN BLVD	BAYSIDE, N. Y. 11361
EXEC V	ROBERT MARX	222-15 NORTHERN BLVD	BAYSIDE, N. Y. 11361

100005043701

RECEIVED AGENT 02-02

**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:**

*Dr. Felix Glaubach*

DR FELIX GLAUBACH

02/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Page 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 427013 4327205

AUTHORIZATION :

*Patricia Figueira*

COST LIMIT : \$ 1058.75

ORDER DATE : March 4, 2002

ORDER TIME : 11:09 AM

ORDER NO. : 427013-020

CUSTOMER NO: 4327205

CUSTOMER: Mr. Anthony Castiglione  
Personal Touch Home Care, Inc  
186-18 Hillside Avenue

Jamaica, NY 11432

REINSTATEMENT

NAME: PERSONAL TOUCH HOME CARE OF  
FL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
02 MAR -5 PM 12:06  
DIVISION OF CORPORATION