2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					FUED				
DOCUMENT # F9200000416					T. L. I. V. B. J.				
DERSONAL TOUCH HOME CARE OF FL., INC.				08 SEP -9 PM 1: 17					
Principal Place of Business Mailing Address				SECHA A STATE TALLAHASSEE, FLORIDA					
8001 S.W. 3	6 STREET, #8 DALE, FL 33179 US	222-15 NORTHERN BLVD. BAYSIDE, NY 11361 US				LLMINOULL			
Principal Place of Business · No P O Box # 3. Mailing Address									
z. Principai P	adde of business - No P O Bux #	5. Walning Address					BB() BB(# 00		1401 11 1011
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09042008	REIN-P	CR2E	098 (1/07)	
City & State		City & State			4. FEI Number 65-037			1	piled For LApplicable
Zip	Соцпту	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY				Name Street Address (P.O. Box Number is Not Acceptable)					
1201 HAY: TALLAHAS	S STREET SSEE, FL 32301	Sires		Street Address	(PO Box Numb	er is Not Acceptable			
			<u> </u> 		FL 7 p Code				
The above named entity submits this statement for the purpose of changing its registered office or re					ered agent, or both, in the State of Fior da . Lam taminar with land accept				
the obligation of registered gentle Ann R. Shilling, Assistant VP 9-8-08									
SIGNATURE.	Signature typed or primed ramid of registered agent as	ed Agent signature requ	rired when reinstating		DATE				
In accordance with s. 607.193(2)(b), F.S., the									ES the
FII	LE NOW!!! FEE IS \$300.00					corporation did			
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE NAME	P GLAUBACH, FELIX DR.	☐ Delete	TITLE	1				Change	Addition
STREET ADDRESS CITY - ST - ZIP	222-15 NORTHERN BLVD		STRE	ET ADDRESS -ST-ZIP	09/18	0 0135 9 5/0801016	3 64 2 021	286 **300.	.00
TITLE			TITLE		- 0		, , ,	☐ Change	Addition
NAME STREET ADORESS	MARX, ROBERT 222-15 NORTHERN BLVD		NAM	E ET AODRESS					
CITY-SI-ZIP	BAYSIDE, NY 11361			-ST-ZIP					
TITLE		☐ Delete	TITUS NAMS	I				Change	☐ Addition
NAME Street address			STRE	ET ADDRESS					
CITY+S1-ZIP		☐ 0-l	CITY	-ST-ZIP				☐ Change	☐ Add:tion
TITLE NAME	DEINICTATI	☐ Dolote	NAM					0.40, gc	7,00,10,1
STREET ADDRESS CITY ST-7IP	REINSTAT	EMENT		ET ADDRESS - ST - ZIP					
TITLE		☐ Delete	IJTIT IMAN	- 1				☐ ∪uSu.Ġi,	[] Add-time
NAME STREET ADDRESS	RH			ET AUDRESS					
CHY-\$1-ZIP	1111			SI - ZIP	***			Chaupa	E Addition
TITLE NAME		☐ Delete	nam.	l				☐ Charige	Addition
STREET ADORESS CITY-ST-ZIP			1	ET ADDRESS -S1-2IP					
45 11	certity that the information supplied with	this filing does not qualify to	or the exe	motions contains	ed in Chapter 119), Florida Statutes 1	further cert	ify that the in	formation
indicated on this report or supplies inertal report is true and accurate and that my signature shall have the same legal effect as it made under dark, man and initial or inlector of the corporation or the occave bytustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attacymery with an adoless, winyall print like empowered									
SIGNATURE: D'ALLO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEL DOS 118-468-479									