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LIMITED LIABILITY REINSTATEMENT

THI NURSE ADVOCATES, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000002493

1. Limited Liability Company's Name

THI Nurse Advocates, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
930 Ridgebrook Rd	930 Ridgebrook Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sparks, MD	City & State: Sparks, MD
Zip: 21152 Country: USA	Zip: 21152 Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business In Florida: 7/18/2003

6. FEI Number: 20-0130926 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive #4

Suite, Apt. #, Etc.:

City: Weston State: FL Zip Code: 3331

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Paul J. Hagan Paul J. Hagan, Asst. Sec. Date: 1-20-06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	W. Bradley Bennett	930 Ridgebrook Rd	Sparks, MD 21152
VP	Melissa Warlow	↓	↓
S	Toni-Jean Lisa	↓	↓
T	Kimberly McCarty	↓	↓
	REINSTATEMENT	2004-2006	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 1/20/06 Daytime Phone #: 410 773-1176

Typed or printed name of signing Managing Member/Manager: Melissa Warlow