

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION FOR REINSTATEMENT

FOR A REINSTATEMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

M 99000000803

FILED
02 NOV -8 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M99000000803

Name and Mailing Address

0008320 01 FF 0.352 **PRSR T5 0 0615 78299-263636
THCI COMPANY LLC
P.O. BOX 2636
SAN ANTONIO TX 78299-2636



10/4/02

2. New Mailing Address c/o Care Realty, LLC City, State, Zip 411 Hackensack Avenue, 7th fl., Hackensack, NJ 07601		4. State/Country of Formation DE	
Principal Place of Business 909 HIDDEN RIDGE, #600 IRVING TX 75038		5. Date Organized or Qualified To Do Business in Florida 06/01/1999	
3. New Principal Place of Business Address 411 Hackensack Ave, 7th fl. City, State, Zip Hackensack, NJ 07601		6. FEI Number 04-3465697 Applied For Not Applicable	
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <i>Ann R. Kauling</i> Date 11/7/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
XMR	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
MGR	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
MGR	THCI Holding Company, LLC	See Schedule A Attached	
200008785362 11/08/02--01073--024 **155.00			
REINSTATEMENT 2002			

12. 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 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* Date 10-31-02 Daytime Phone # 201-996-9111 x148

THCI Holding Company LLC, by: Care Realty, L.L.C., its Managing Member, by: Care Ventures, Inc., its Asset Manager

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SCHEDULE A

THCI HOLDING COMPANY LLC,
a Delaware limited liability company

By: Care Realty, L.L.C.,
a Delaware limited liability company
its Managing Member

By: Care Ventures, Inc.,
a Delaware corporation
its Asset Manager

By: Warren D. Cole
Name: Warren D. Cole
Title: Chief Operating Officer and
Executive Vice President

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INDEPENDENT MEMBER:

THCI SPECIAL PURPOSE CORP. III,
a Delaware corporation

By: Warren D. Cole
Name: Warren D. Cole
Title: Chief Operating Officer and
Executive Vice President and
Secretary