


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 20 AM 11:33

DOCUMENT # M99000000803

1. Limited Liability Company's Name
THCI Company, LLC

700043041797
11/29/04--01057--003 **105.00

2. Principal Office Address 411 Hackensack Avenue		3. Mailing Office Address	
Suite, Apt. #, etc. 7th Floor		Suite, Apt. #, etc.	
City & State Hackensack, NJ		City & State	
Zip 07601	Country	Zip	Country

4. State/Country of Formation Delaware/USA	
5. Date Organized or Qualified To Do Business in Florida 06/01/99	
6. FEI Number 043465697	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Corporation Services Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

REINSTATEMENT 03-05

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 *Georgia Byron* **Georgia Byron, Assist VP**
REGISTERED AGENT MUST SIGN

Date 11/16/04

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
MEM MEM	THCI Holding Company, LLC	411 Hackensack Avenue	Hackensack, NJ 07601

700043041797
02/03/05--01006--019 **145.00

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 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 *See Attachment* Date 11/15/2004 Daytime Phone # 201-498-0779

Typed or printed name of signing Managing Member/Manager

CR20041 (10/02)

THCI Company, LLC

By: THCI Holding Company, LLC,
its managing member
411 Hackensack Avenue
Hackensack, NJ 07601

By: Care Realty, L.L.C.,
its managing member
411 Hackensack Avenue
Hackensack, NJ 07601

By: Care Ventures, Inc.,
its managing member
411 Hackensack Avenue
Hackensack, NJ 07601

By: Michael S. Sherman
Name: Michael S. Sherman
Title Vice President, General Counsel and
Assistant Secretary

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