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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 10 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19687

1. Corporation Name

TRANSWORLD HOME HEALTHCARE-NURSING
DIVISION, INC.

2. Principal Office Address

555 Madison Avenue

Suite, Apt. #, etc.

30th Floor

City & State

New York, NY

Zip

10022

Country

USA

3. Mailing Office Address

555 Madison Avenue

Suite, Apt. #, etc.

30th Floor

City & State

New York, NY

Zip

10022

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1988

5. FEI Number

222853420

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

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

300038210523
06/24/04--01005--004 **750.00
300038210523
06/24/04--01005--005 **17.50
State Zip Code
FL 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.

Signature of
Registered Agent

C. Bacht, V.P.

REGISTERED AGENT MUST SIGN

Date

6/9/04

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
Pres.	Sarah L. Eames	555 Madison Avenue	New York, NY 10022
V. Pres.	Marvet Abbassi	555 Madison Avenue	New York, NY 10022
Chairman	Timothy Aitken	555 Madison Avenue	New York, NY 10022

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:

Marvet Abbassi

, Marvet Abbassi, V. Pres.

6/3/2004

212-750-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2 of 2



June 7, 2004

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Transworld Home Healthcare-Nursing Division, Inc.
FEI Number: 222853420

Dear Sir or Madam:

We would appreciate your waiving the \$600.00 penalty reinstatement fee imposed since we did not receive the annual reports for the years of 2000, 2001, 2002, 2003 and 2004. Please note that we have had a change of address.

If you require additional information, please contact me at 212-750-0064. Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Marvet Abbassi'.

Marvet Abbassi
Financial Controller