PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

_APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUM	EN	Τ#
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P97000089131

Corporation Name

IN-TOUCH INC.

Principal Place of Business

Mailing Address

RAPHAEL UMANSKY, ESQ.

1601 SAWGRASS CORPORATE PARKWAY

SUNRISE FL 33323

RAPHAEL UMANSKY, ESQ. 1601 SAWGRASS CORPORATE PARKWAY

SUNRISE FL 33323

FILED

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SECRETARY OF STATE
TALEAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.				M.L.		
2. New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida	10/15/1997 CD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_	5. FEI Number	10/13/1	Applied For
City & State	-	City & State	•	65-0795413	Ĺ	Not Applicable
Zip Country		Zip	Country	6. CERTIFICATE OF STATUS DESIRED 5.5 Additional Fee requirements of Status		

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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director	City / State / Zip				
PCEO	BOOTH, JAMES H. SEE ATTACHEL	2050-SPECTRUM BLVD	FT LAUDERBALE FL 00300				
veoor	GILMARTIN, KATHLEEN-	2959 SPECTRUM BLVD	FT-LAUDERDALE FL-33369-				
.¥ TB	HAGGARD, PAUL-	2050 SPECTRUM BLVD	FT LAUDERDALE FL 33309				
S	UMANSKY, RAPHAEL D.	2050 SPECTRUM BLVD	SUNCISE FI 333333				
D	O'BRIEN, DANA J.	717 FIFTH AVE, SUITE 110	NEW YORK NY 10022				
0	GETZ; ROBERT H.	747 FIFTH AVE, SUITE 110	NEW YORK NY 10022				

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UMANSKY, RAPHAEL D 2050 SPECTRUM BLVD.

1601 SANGRASS LARP. PKY SUNRISE, FL 33323 Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

500003472515--3 -11/21/00--01057--018 *****750 飙 法機器750.00 。

City ***** (5U &

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent ₋

REGISTERED AGENT MUST SIGN

Date OCT 17 2000

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)858-6000

te

Douting Obono #

49292

INTERIM HEALTHCARE INC. OFFICERS AND DIRECTORS

MICHAEL F. SCHUNDLER, PRESIDENT, CEO, DIRECTOR

D.O.B. 9/13/55; SS#155-50-7487

BUSINESS:

1601 SAWGRASS CORPORATE PARKWAY

SUNRISE, FL 33323

RESIDENCE:

POINCIANA DRIVE

WESTON, FL 33325

PHILIP CORK, VICE PRESIDENT, TREASURER, CFO, DIRECTOR

D.O.B. 07/20/52; SS#267-85-2652

BUSINESS:

1601 SAWGRASS CORPORATE PARKWAY

SUNRISE, FL 33323

RESIDENCE:

19308 NW 14th STREET

PEMBROKE PINES, FL 33329

RAPHAEL D. UMANSKY, SECRETARY

D.O.B. 05-09-50; SS#152-40-2103

BUSINESS:

1601 SAWGRASS CORPORATE PARKWAY

SUNRISE, FL 33323

RESIDENCE:

694 VERONA COURT

WESTON, FL 33326

DANA J. O'BRIEN, DIRECTOR

D.O.B. 02/16/56; SS# 061-54-0796

BUSINESS:

717 FIFTH AVENUE, SUITE 110

NEW YORK, NY 10022

RESIDENCE: 52 CLUB ROAD

RIVERSIDE, CT 06878

STEPHEN L. LARSEN

D.O.B. 8/28/58; SS# 357-56-0385

BUSINESS:

727 FIFTH AVENUE, SUITE 10D

NEW YORK, NY 10022

RESIDENCE:

38 BRIAN BRAE ROAD

GREENWICH, CT 06831