

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000003648

1. Corporation Name

RIMKUS CONSULTING GROUP, INC.

Principal Place of Business

EIGHT GREENWAY PLAZA, SUITE 500
HOUSTON TX 77046

Mailing Address

EIGHT GREENWAY PLAZA, SUITE 500
HOUSTON TX 77046

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1997

5. FEI Number

76-0163936

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CEO	CULBERSON, S.F.	29 FOXHALL CRESCENT	SUGAR LAND TX 77479
COO	MARKHAM, G W	9202 MARKHAM RD	MANVEL TX 77578
VD	GRAHAM, R.S.	10010 BRIAR DR	HOUSTON TX 77042
CEO	SHARP, D.S.	14011 FAWNVIEW	HOUSTON TX 77070
VD	Brown, Curtis	13503 Gainesway	Cypress, TX 77429
800004688248-8 -11/20/01--01006--029 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Deborah D. Skipper
REGISTERED AGENT MUST SIGN

Date 10/29/01

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:

Ralph S. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/01 713-621-3560

CR2E040 (8/01)