

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000003648**

1. Corporation Name

**RIMKUS CONSULTING GROUP, INC.**

Principal Place of Business

Mailing Address

EIGHT GREENWAY PLAZA, SUITE 500  
HOUSTON TX 77046

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0163936

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEOD	CULBERSON, S.F.	29 FOXHALL CRESCENT	SUGAR LAND TX 77479
COOD	MARKHAM, G W	9202 MARKHAM RD	MANVEL TX 77578
VD	GRAHAM, R.S.	10010 BRIAR DR	HOUSTON TX 77042
VD	BROWN, CURTIS	13503 GAINESWAY	CYPRESS TX 77429

800023969118  
10/21/03--01050--012 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 Sections 601.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**Brian Courtney**  
**Asst. V. Pres.**

REGISTERED AGENT MUST SIGN

Date

10/17/03

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

Date

Daytime Phone #

10/13/03 713-621-3550

CR2E040 (7/03)



October 13, 2003

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

Re: Document F97000003648, Rimkus Consulting Group, Inc. Application For  
Reinstatement


Gentlemen:

Enclosed herewith is Rimkus Consulting Group, Inc.'s completed Application For  
Reinstatement with the Florida Department of State, along with a check in the amount of  
\$150.00 for its filing fee.

We respectfully request that any penalty for late filing be waived based on the fact that  
the corporation did not receive the two prior uniform business report (UBR) notices. It is  
our policy to promptly file all Federal, state and local reports as due.

If there is anything else you require, please let us know.

Sincerely,

  
Ralph S. Graham  
Sr. Vice President