

M04000004592

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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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L. SELLERS

OCT - 8 2008

EXAMINER

LIMITED LIABILITY REINSTATEMENT

VERITAS CONSULTING GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$655.00

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000004592

1. Limited Liability Company's Name
VERITAS CONSULTING GROUP, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
2859 Paces Ferry RD

3. Mailing Office Address
2859 Paces Ferry RD,

State, Apt. #, etc.
STE 1520

City & State
Atlanta

Zip
30339

Country
USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
58-2151838

Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

B. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

State, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

B. 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 *[Signature]* **Ternell Kearney Asst. Secretary** **10/08/08**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MNG	Leslie Schneider	2859 Paces Ferry RD STE 1520	Atlanta GA 30339
REINSTATEMENT			
05-18			

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 disqualification has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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 *[Signature]* **Leslie Schneider** Date **10/7/08** Daytime Phone # **770-863-3573**

Typed or printed name of signing Managing Member/Manager **Leslie Schneider**

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