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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 OCT 10 PM 3:19
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000624

1. Corporation Name

CSD Consulting, Inc.

REINSTATEMENT 0407

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
1100 Buffalo Ridge Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Castle Rock, CO	
Zip: 80108 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/02/2002

5. FEI Number: 020538327 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Simonic, Ratnecht
Simonic & Associates, Inc.

Street Address (P.O. Box Number is Not Acceptable)
8750 Perimeter Park Blvd.

Suite, Apt. #, Etc.

City: Jacksonville | State: FL | Zip Code: 32216

[XX] The 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 reinstatement fee be waived.

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: Nicholas J. Simonic — Date: 10/1/07
REGISTERED AGENT MUST SIGN

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
D	Christopher DeVries	1100 Buffalo Ridge Way	Castle Rock, CO 80108

000011080217
10/10/07--01046--004 **608.75

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 contained in Chapter 119, 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] — 10/1/07 — 303 717 5951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

simonic

Simonic, Simonic, Ratnecht & Associates, Inc.
Certified Public Accountants
8750 Perimeter Park Boulevard Jacksonville, FL 32216-6347
Phone: 904-928-1040 Fax: 904-928-0909
www.simonic.net

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October 1, 2007

Department of State
Division Of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: CSD CONSULTING, INC.
REGISTERED AGENT: SIMONIC & ASSOCIATES, INC.
EIN#02-0538327

The above referenced tax payer had not received any notification of the company's renewal requirements nor any verification that the company had been dissolved. The discovery was made when the above taxpayer went to get his 2004 tax return completed by this tax preparer. Since no notification made this taxpayer aware of his obligation to renew, we request that the company be reinstated for 2004, 2005, 2006 and 2007.

We have enclosed a check in the amount of $608.75 (Certificate of Status requested) to cover the renewal fees for all the years of reinstatement.

The taxpayer has been notified by this office, that if further notices do not reach him prior to May 1st deadline for renewal that he is to call the Division of Corporations for further clarification.

Should you have any questions, do not hesitate to contact this office at the above stated address.

Very truly yours,

Deborah Alexa
Office Manager