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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name BDA CONSULTING, INC. 2. Principal Office Address 3. Mailing Office Address 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 4. Date Incorporated or Qualified To Do Business in Florida 7. FEI Number 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name 8. CERTIFICATE OF STATUS DESIRED 9. STATUS DESIRED 10. SUFFICATE OF STA				· · · · · · · · · · · · · · · · · · ·				
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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	10 Londify that Long an affician as discated	the receiver or tructed	omnous of	a evacute this car!	tion on provided for	in chapter 607 or 647. F	S. I further portify that when t	filina
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	owed by the corporation have been paid on this application is true and accurate,					on under section 119,07(3	οχι), r.s. i ne information indi	cated

NO TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Consulting, Inc

December 27, 2001

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

Dear Sir or Madam:

Due to my accountant's inability, I had never received the Uniform Business Report form, as my corporate address was invalid and the documents were never forwarded to me. Please accept this reinstatement form for BDA Consulting, Inc. Thank you for your attention in this matter.

Sincerely,

Matthew Swezey President :