

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 14 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000001934

1. Corporation Name

Plaut Consulting Inc.

5555 Glenridge Connector
1055 Westlakes Drive

2. Principal Office Address

5555 Glenridge Connector

3. Mailing Office Address

1055 Westlakes Drive

Suite, Apt. #, etc.

Suite 650

Suite, Apt. #, etc.

Suite 100

City & State

Atlanta, GA

City & State

Berwyn

Zip

30342

Country

Zip

PA

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida Nov. 1994**

5. FEI Number
04-3254941

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

02-04
04-27-04 01089 002 \$ 1,050.00

7. Name and Address of Current Registered Agent

Name

CT Corporation

REINSTATEMENT

Street Address (P.O. Box Number is Not Acceptable)
1200 south Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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

Amy Bertelelli

**AMY BERTELETTI
VICE PRESIDENT**

REGISTERED AGENT MUST SIGN

Date

5/10/04

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
C	Dr. Mathias Kirchmer	1055 Westlakes Dr., Ste 100	Berwyn, PA 19312
T	Mari-Beth Coia	1055 Westlakes Dr., Ste 100	Berwyn, PA 19312
S	Craig Silberman	1055 Westlakes Dr., Ste 100	Berwyn, PA 19312

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 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:

Craig Silberman

CRAIG SILBERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/04

Date

(610)854-6800 X313

Daytime Phone #

CR2E081 (01/04)

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