

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000001484

1. Corporation Name

LDI CONSULTANTS, INC.

Principal Place of Business

Mailing Address

2628 RIVERS ROAD
ATLANTA GA 30303

2829 RIVERS ROAD
ATLANTA, GA 30303

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**

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City & State

City & State

Zip **Country**

Zip **Country**

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors.)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
Name Kay, James R.		
Street Address (P.O. Box Number is Not Acceptable) 580 Village Boulevard, Suite 160		
Suite, Apt. #, Etc. West Palm Beach, FL 33409		
City	State Zip Code	
	FL	

10. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

**Signature of
Registered Agent**

registered agent of the above-named corporation, am familiar with and accept the
By: James R. Ray, President
James R. Ray, President
REGISTERED AGENT MUST SIGN

Date 11/19/96

**11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statute?**

(See other side for information
on intangible tax.)

12. 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.

LDI CONSULTANTS, INC.

SIGNATURE: *Donald J. Parsons, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/96 4042641285
Date Daytime Phone #