

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
DIAMOND MANAGEMENT & TECHNOLOGY CONSULTANTS NA,
INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

11 NOV -4 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000000953**

1. Corporation Name

Diamond Management & Technology Consultants NA, Inc.

2. Principal Office Address - No P.O. Box #
300 Madison Avenue

3. Mailing Office Address
300 Madison Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New York, NY

City & State

New York, NY

Zip

10017

Country

USA

Zip

10017

Country

USA

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 11/2/2010

5. FEI Number
36-4069586

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required
for a Certificate of Status

7. 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, c/o Corporation System

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

Connie Bryon

Connie Bryon

Date 11/4/11

REGISTERED AGENT *Assistant Secretary*

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
P	Dana P. McIlwain	300 Madison Avenue	New York, NY 10017
V	Keith S. Wishon	300 Madison Avenue	New York, NY 10017
S	Ellenore O'Hanrahan	300 Madison Avenue	New York, NY 10017

10. E-mail Address: annarita.durbano@us.pwc.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE:

Ellenore O'Hanrahan

Ellenore O'Hanrahan

11/4/11

646-471-1129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/11