

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 L00000004373

FILED
 02 DEC -6 AM 11:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000004373
 Name and Mailing Address

0004767 01 FP 0.352 **PRSR T5 0 0615 33602-432775
 H&K STRATEGIC BUSINESS SOLUTIONS LLC
 400 NORTH ASHLEY DRIVE
 SUITE 2300
 TAMPA FL 33602-4327

300009404833
 12/06/02--01094--007 **150.00



2. New Mailing Address 1600 TYSONS BLVD. #700 City, State, Zip MCLEAN VIRGINIA 22102		4. State/Country of Formation FL	
Principal Place of Business 406 NORTH ASHLEY DRIVE SUITE 2300 TAMPA FL 33602		5. Date Organized or Qualified To Do Business in Florida 04/14/2000	
3. New Principal Place of Business Address 1600 TYSONS BLVD #700 City, State, Zip MCLEAN VA 22102		6. FEI Number 59-3684142	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
 Signature of Registered Agent: [Signature], VP Date: Nov. 26, 2002
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGING MEMBER	HOLLAND & KNIGHT CONSULTING, INC. JOHN T. SCHELL III	400 NORTH ASHLEY DRIVE SUITE 2300 1600 TYSONS BLVD #700	TAMPA FL 33602 MCLEAN VA 22102

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: John Schell III Date: 10/29/02 Daytime Phone: (203) 720-8606
 (Managing Member/Manager) JOHN T. SCHELL III

CR2E084 (8/02)