PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 28 AM 11:13

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300080265173
09/28/06--01043--021 **250.00

DOCUMENT # M00000002035

1. Limited Liability Company's Name

DELOITTE CONSULTING (US) LLC

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
1633 BROADWAY		US FIRM'S TAXES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		4022 SELLS DRIVE	
City & State		City & State	
NEW YORK, NY		HERMITAGE, TN	
Zip	Country	Zip	Country
10019	USA	37076	USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 9/29/2000

6. FEI Number: 06-1454515 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City	State	Zip Code
TALLAHASSEE	FL	32301-2525

9. 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] Date: 8/30/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DELOITTE CONSULTING (US GLOBAL) LLC	1633 BROADWAY	NEW YORK, NY 10019

REINSTATEMENT 04-06

11. 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 608.408, 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 M. Bukata Date: 9/6/06 Daytime Phone #: 615-882-7900

Typed or printed name of signing Managing Member/Manager: John Bukata, Partner, Deloitte Consulting LLP
Deloitte Consulting LLP, Member, Deloitte Consulting (Global) LLC
Deloitte Consulting (Global) LLC, Member, Deloitte Consulting (US Global) LLC
Deloitte Consulting (US Global) LLC, Member Deloitte Consulting (US) LLC

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