PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 20 PM 3:08
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DOCUMENT # M03000002073

1. Limited Liability Company's Name

Halo Consulting, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2694 Lenox Rd		PO Box 95407	
Suite, Apt. #, etc. Suite 11		Suite, Apt. #, etc.	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30324	Country USA	Zip 30347	Country USA

4. State/Country of Formation: Georgia / USA

5. Date Organized or Qualified To Do Business in Florida: 06/23/2003

6. FEI Number: 26-0007619 ☐ 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: TALLAHASSEE | State: FL | Zip Code: 32301-2525

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Cynthia L Harris — Cynthia L. Harris Asst. Vice President — Date: 9/6/07

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	Riad Karaa	2694 Lenox Rd; Suite 11	Atlanta, GA 30324
MGRM	Blake McDonald	1043 Pearl Pt, NE	Atlanta, GA 30328
MGRM	Cathy Nowell	527 Washington Ave.	Front Royal, VA 22630
	FF $150	REINSTATEMENT w/o Penalty 2005-2007	

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: Riad Karaa — Date: 9/6/07 — Daytime Phone #: (404) 966-6513

Typed or printed name of signing Managing Member/Manager: