DOCUMENT # M03000002423 1. United Liability Company's Name DELOITTE VALUATION SERVICES (NEVADA) LLC 2. Principal Office Address 1633 BROADWAY Soite, Apt. F, etc. Soite, Apt. F, etc. Soute, Apt. F, etc. City & State City & State NEW YORK, NY April Country April Country April Country April Country April Country To Co	LIMITED LIABILITY COMPANY REINSTATEMENT		Se	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECKETARY OF STATE DIVISION OF CORPORATIONS 05 MAY 19 AM 8:45	
2. Frincipal Office Address 1633 BROADWAY Suite, Apt. 4, etc. Suite,						.•	
1633 BROADWAY Suite, Apt. #, etc. Suite, Apt. #,	DELOITTE VALUATION SERVICES (NEVADA) LLC				d		
1633 BROADWAY Suite, Apt. #, etc. Suite, Apt. #,							
Sule, Apt. 8, etc. City & State Country Application For 17721/2003 6. FEI Number 571170917 COUNTRY Application For 17721/2003 8. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Sacet Address (PC. BoxNumber is Not Acceptable) 1201 HAYS STREET Suite, Apt. 8, Etc. City TALLAHASSEE 9. I. being applicated the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 698, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Addresses of Managing Members/Managers Titles Name of Street Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Street Addresses of Managing Members/Managers Name of Street Addresses of Managing Members/Managers Name of Street Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Street Addresses of Managing Members/Managers Name of Ma					4 0000		
City & State Country Dip Country Dip Country Dip Country Dip Country To CERTPCATE OF STATUS DESIRED Received Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (PO, Box Number is Not Acceptable) 1201 HAY'S STREET Suits, Apr I, Etc. City TALLAHASSEE 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter GR, FS. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addressas of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Nemo of Managing Members/Managers New YORK, NY 10019 11. Locally that I am managing members/manager or the receiver of trustee empowered to execute this application as provided for in chapter 608, FS. I burther coeffly that when filing his reinstationent application the reason for close of the minute of the initiated liability company have been paid. The Information Indicated on this application is true and accurate, and my signature state the same arms the desired of the same and street the same religion for the same and street the same religion for the minute of th						_ <u>_</u>	
City & State NEW YORK, NY HERMITAGE, TN John Country J				5. Date Or		panized or Qualified	
NEW YORK, NY AP Country Description South Anne CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. 4, Eb: City TALLAHASSE S. I, being aprointed 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 Registered Age	City & State	2	City & State	City & State		7/21/2003	
Solution Service State State Sp. Code Sp. State Sp.						17 Not Applicable	
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 Zip Code TALLAHASSEE TALLAHASSEE State Zip Code TALLAHASSEE State Zip Code TALLAHASSEE TALLAHASSEE State Zip Code TALLAHASSEE TallAHASSEE TALLAHASSEE TALLAHASSEE State Zip Code TALLAHASSEE TALLAHA		1	1		7. CERTIFICA	ATE OF STATUS DESIRED	
CORPORATION SERVICE COMPANY Street Address (P.C. Box Number is Not Acceptable) 1201 HAYS STREET Sulte, Apt. 9, Etc. City TALLAHASSEE 9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 908, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City/State/Zip MGRM DELOITTE VALUATION SERVICES ILP 1633 BROADWAY NEW YORK, NY 10019 11. Locatily 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 residence of its substitution has been elliminated, the limited liability company name satisfies the requirements of section 1.5 68, 405, 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 eignature half have the same legal effect as if mades under cath.	10019	JOSA			gistered Agent		
Signature of Registered Agent		CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City State Zip Code					
Name of Managing Members/Managers Managing Members/Manager Chy/State/Zip MGRM DELOTITE VALUATION SERVICES LLP 1633 BROADWAY NEW YORK, NY 10019 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 filling this reinstatement application the reason for dissolution has been refirminated, the limited liability company name satisfies the requirements of section signature shall have the same legal effect as if made under oath.	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 Date						
MGRM DELOTTE VALUATION SERVICES LLP 1633 BROADWAY NEW YORK, NY 10019 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 Ilimited flability company name satisfies the requirements of section signature shall have the same legal effect as if made under oath.	10. Names and Street Addresses of Managing Members/Managers						
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 608.406, 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.	Titles					City/State/Zip	
 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 608.406, 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. 	MGRM	DELOTITE VALUATION SE	ERVICES LLP '	1633 BROADWAY	· • • • • • • • • • • • • • • • • • • •	NEW YORK, NY 10019	
when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 508,406, 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 it made under oath.					06/	00056211114 15/0501035014 **200.00	
Signature of Managing Member/Manager Ball Vun Date 5-11-05 Daytime Phone # 615-882-7600 Typed or printed name of signing Managing Member/Manager BARBARA NEWMAN for Deloitte Valuation Services LL							