

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 05 MAY 19 AM 8:45	
DOCUMENT # M03000002423 1. Limited Liability Company's Name DELOITTE VALUATION SERVICES (NEVADA) LLC					
2. Principal Office Address 1633 BROADWAY Suite, Apt. #, etc.		3. Mailing Office Address 4022 SELLS DRIVE Suite, Apt. #, etc.		4. State/Country of Formation DELAWARE	
City & State NEW YORK, NY		City & State HERMITAGE, TN		5. Date Organized or Qualified To Do Business in Florida 7/21/2003	
Zip 10019	Country USA	Zip 37076	Country USA	6. FEI Number 571170917	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					
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					
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 <u><i>Maurice Cullen</i></u> Date <u>4/21/05</u> 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 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 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 <u><i>Barbara Newman</i></u> Date <u>5-11-05</u> Daytime Phone # <u>615-882-7600</u>					
Typed or printed name of signing Managing Member/Manager <u>BARBARA NEWMAN for Deloitte Valuation Services LLP</u>					

STF FL32476F.1