

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>05 MAY 19 AM 8:47</b>	
<b>DOCUMENT # M03000002516</b> 1. Limited Liability Company's Name <b>DELOITTE CONSULTING OUTSOURCING LLC</b>					
2. Principal Office Address <b>1633 BROADWAY</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>4022 SELLS DRIVE</b> Suite, Apt. #, etc.		4. State/Country of Formation <b>DELAWARE</b>	
City & State <b>NEW YORK, NY</b>		City & State <b>HERMITAGE, TN</b>		5. Date Organized or Qualified To Do Business in Florida <b>7/30/2003</b>	
Zip <b>10019</b>	Country <b>USA</b>	Zip <b>37076</b>	Country <b>USA</b>	6. FEI Number <b>421596116</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					
8. Name and Address of Current Registered Agent					
Name <b>CORPORATION SERVICE COMPANY</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b>					
Suite, Apt. #, Etc.					
City <b>TALLAHASSEE</b>				State <b>FL</b>	Zip Code <b>32301-2525</b>
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 <i>Maureen Cullen</i>				Date <b>4/21/05</b>	
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 LLP	1633 BROADWAY		NEW YORK, NY 10019	
	(fka Deloitte Consulting Holding LLC)				
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 <i>Barbara Newman</i>				Date <b>5-11-05</b> Daytime Phone # <b>615-882-7600</b>	
Typed or printed name of signing Managing Member/Manager <b>BARBARA NEWMAN for Deloitte Consulting LLP</b>					

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