PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS  05 MAY 19 AM 8: 49					
DOCUMENT # M03000  1. Limited Liability Company's Name	002517						
DELOITTE CONSULTING (N	EVADA) LLC						

1. Lima	ed Liability Company's Name				,			
DELOIT	ITE CONSULTING (NEVA	DA) LLC			١,			
					1000			
2. Principal Office Address 3. Mallin		3. Mailing Of	flice Address		14"			
1633 BROADWAY 40		4022 SEL	4022 SELLS DRIVE		4. State/Country of Formation			
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DELAWARE			
					5. Date Org	panized or Qualified siness in Florida		
City & Stat	te ·	City & State	City & State		7/30/2003			
NEW Y	ORK, NY	HERMITA	HERMITAGE, TN		6. FEI Number Applied For 571170905 Not Applicable			
Zip	Country	Zip	Country	y	7.		OACTIONS PROTECTIONS	
10019	USA	37076	USA		CERTIFICA	TE OF STATUS DESIRED 📋		
		8. Nan	me and Address of	Current Registe	red Agent	k norman		
	Name							
	CORPORATION SERVICE COMPANY							
	CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET							
	Suite, Apt. #, Etc.					·		
	City				State Zlp Code			
	TALLAHASSEE					FL 32301-2525		
9. I, bein	ng appointed the registered agent of the	e above named lim	nited liability compa	ny, am familiar wi	th and accept t	he obligations of Chapter 608, F.	.S.,	
Signature		11100	1/1/	///		4/211	105	
- Registered	I Agent	REGISTERED AC	GENT MUST SIGN	<u> </u>		Date //		
10. Name	as and Street Addresses of Managing N					<del></del>		
Titles	Name of Managing Members/Mana		Street	Address of Each		City/State/	Zip	
					····			
MGRM			1633 BROADWAY		NEW YORK, NY 10019		)19	
<u></u>	(fka Deloitte Cons Helding LLC)	ulting		<u>,</u>				
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					06/	'UUUS626 1 16/050106001	'037 1 **200.00	
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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 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.

Date 5-11.05

Typed or printed name of signing Managing Member/Manager BARBARA NEWMAN

STF FL32476F.1

(fka Deloitle Consulting Holding LLC)