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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
BI CONSULTING GROUP, LLC

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (06/10)

DOCUMENT # M07000001587

1. Limited Liability Company's Name

BI Consulting Group, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
860 Blue Gentian Rd		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#290			
City & State		City & State	
Eagan MN			
Zip	Country	Zip	Country
55121	USA		

4. State/Country of Formation: MN

5. Date Organized or Qualified To Do Business in Florida: 9/16/2007

6. FEI Number: 20-3417743 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City	State	Zip Code
Plantation	FL	33324

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: Jeanne Nelson Assistant Secretary — Date: 7/7/2010

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	Amy Mayer	860 Blue Gentian Rd #290	Eagan MN 55121

11. E-mail Address: ben.mayer@bicraftingroup.com
(To be used for future annual report notifications)

12. 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: Amy M Mayer — Date: 7/1/2010 — Daytime Phone #: 651-403-6500

Typed or printed name of signing Managing Member/Manager: Ann Mayer Member