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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P03000088694

1. Corporation Name

KAISER CONSULTING ASSOCIATES, INC.

2. Principal Office Address

1 Gateway Center

3. Mailing Office Address

1 Gateway Center

Suite, Apt. #, etc.

Suite 2600

Suite, Apt. #, etc.

Suite 2600

City & State

Newark, NJ

City & State

Newark, NJ

Zip

07102

Country

USA

Zip

07102

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/13/2003

5. FEI Number

55-0846351

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas M. Dachelet

Street Address (P.O. Box Number is Not Acceptable)

888 S.E. Third Avenue

Suite, Apt. #, Etc.

Suite 400

City

Fort Lauderdale

State

FL

Zip Code

33316

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Thomas M. Dachelet*

Date 01/31/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Beth Kaiser	1 Gateway Center	
		Suite 2600	Newark, NJ 07102
			B 2/24/06
			REINSTATEMENT 04-06

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

*Beth Kaiser*

2/17/06

973-353-6218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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2/17/2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

2004

This letter is to request that the \$600 reinstatement fee is waived because Kaiser Consulting Associates, Inc. FEI #55-0846351 did not receive the annual report notices in the year of dissolution. The state was using an incorrect address for the notices. The state now has the current address for the corporation.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Beth Kaiser". The signature is written in black ink and is positioned above the printed name and title.

Beth J. Kaiser, CFA  
President  
Kaiser Consulting Associates, Inc.