

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: gkaludis@kaludisconsulting.com

**CORPORATION REINSTATEMENT
KALUDIS CONSULTING GROUP, INC.**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$731.25

908.75


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004760

1. Corporation Name
KALUDIS CONSULTING GROUP, INC.

2. Principal Office Address - No P.O. Box # 1050 Connecticut Avenue NW		3. Mailing Office Address 1050 Connecticut Avenue NW	
Suite, Apt. #, etc. 10th Floor		Suite, Apt. #, etc. 10th Floor	
City & State Washington, DC		City & State Washington, DC	
Zip 20036	Country	Zip 20036	Country

CR2B081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **09/16/1996**

5. FEI Number 621654053	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
515 East Park Avenue

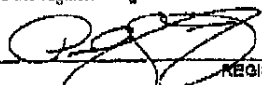
Suite, Apt. #, Etc.

City Tallahassee	State FL	Zip Code 32301
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REINSTATEMENT

10-11

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent  **Asst. Sec., NRAI Services, Inc.** Date **07/20/2011**

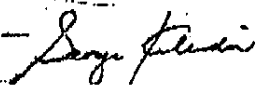
REGISTERED AGENT MUST SIGN

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
C/P	George Kaludis	1050 Connecticut Avenue NW, 10th Floor	Washington, DC 20036
V/S	Barry M. Cohen	1050 Connecticut Avenue NW, 10th Floor	Washington, DC 20036

10. E-mail Address: **gkaludis@kaludisconsulting.com**
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.

SIGNATURE:  **George Kaludis, President** **07/20/2011** **202-772-3120**

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