PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 10, 2003 8:00 A.M.
Secretary of State

DOCUMENT # F01 00000 1296

1. Corporation Name

AECOM CONSULTING TRANSPORTATION GROUP, INC.

400012233594
02/10/03--01115--022 **908.75
REINSTATEMENT 02-03

2. Principal Office Address		**3.** Mailing Office Address	
515 South Flower Street		515 South Flower Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
4th Floor		4th Floor	
City & State		City & State	
Los Angeles, California		Los Angeles, California	
Zip: 90071	Country: USA	Zip: 90071	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: March 7, 2001

5. FEI Number: 95-4822949 ☐ 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: CT Corporation System

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

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: _____ TARA COFER ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 1/30/03

CR2E081 (10/02)

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
PRES	Raymond Ellis	515 South Flower Street, 4th Fl.	Los Angeles, CA 90071
VP	Paul E. Schwartz	515 South Flower Street, 4th Fl.	Los Angeles, CA 90071
Dir	Joe A. Incaudo	515 South Flower Street, 4th Fl.	Los Angeles, CA 90071
Dir	Dennis W. Tons	515 South Flower Street, 4th Fl.	Los Angeles, CA 90071
Dir	Tom Lyons	515 South Flower Street, 4th Fl.	Los Angeles, CA 90071
Dir	Wesley T. Shimoda	515 South Flower Street, 4th Fl.	Los Angeles, CA 90071

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 under section 119.07(3)(i), 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: _____ 1/31/03 213 593-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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