

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV 26 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **366491**

1. Corporation Name  
**Hatch Mott MacDonald Florida, Inc.**  
f/k/a CarlanKillam Consulting Group, Inc.

900009214089  
11/26/02--01003--011 \*\*758.75

2. Principal Office Address 5111 North 12th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 27 Bleeker Street Suite, Apt. #, etc.	
City & State Pensacola, Florida		City & State Millburn, NJ	
Zip 32504	Country USA	Zip 07041	Country USA

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida July 1, 1970	
5. FEI Number 591294824	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 Drive		
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: Jennifer L. Morgan Date: 11/20/2002  
REGISTERED AGENT MUST SIGN JENNIFER L. MORGAN, ASST. SECY

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
PLEASE REFER TO ATTACHED LIST.			

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: Charles H. Carlan Date: 11/16/02 Daytime Phone #: 850/484-6011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Charles H. Carlan, President

CR2E081 (9/01)

**HATCH MOTT MacDONALD FLORIDA, INC.**  
**f/k/a CARLAN KILLAM CONSULTING GROUP, INC.**

***OFFICERS***

Charles H. Carlan, President	5111 North 12 <sup>th</sup> Ave., Pensacola, FL 32504
Finley Skocdopole, Vice President	5111 North 12 <sup>th</sup> Ave., Pensacola, FL 32504
Peter J. Wickens, Secretary	27 Bleeker Street, Millburn, NJ 07041
Jeffrey T. Hilla, Treasurer	27 Bleeker Street, Millburn, NJ 07041

***DIRECTORS***

Emil C. Herkert	27 Bleeker Street, Millburn, NJ 07041
Charles H. Carlan	5111 North 12 <sup>th</sup> Ave., Pensacola, FL 32504
Peter J. Wickens	27 Bleeker Street, Millburn, NJ 07041
Michael O. Blackburn	27 Bleeker Street, Millburn, NJ 07041
Keith J. Howells	27 Bleeker Street, Millburn, NJ 07041
Timothy J. Thirlwall	27 Bleeker Street, Millburn, NJ 07041