PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
13 MAY 20 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000003735

1. Corporation Name

AECOM INFRASTRUCTURE, INC.

W13-23377

REINSTATEMENT 12-13

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
515 SOUTH FLOWER STREET	515 SOUTH FLOWER STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 1050	SUITE 1050
City & State	City & State
LOS ANGELES, CA	LOS ANGELES, CA
Zip / Country	Zip / Country
90071 / USA	90071 / USA

4. Date Incorporated or Qualified To Do Business in Florida
07/16/2001

5. FEI Number
95-4834083
Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $9.75 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 / State / Zip Code
PLANTATION / FL / 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 Connie Bryan Connie Bryan Date 5/20/2013
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/D	Wesley T. Shimoda	555 S. Flower Street, 37th Floor	Los Angeles, CA 90071
Sec	David Y. Gan	555 S. Flower Street, 37th Floor	Los Angeles, CA 90071
CFO/D	Ronald E. Osborne	555 S. Flower Street, 37th Floor	Los Angeles, CA 90071

10. E-mail Address: angela.gill@aecom.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.817.155, F.S.

SIGNATURE: Wesley T. Shimoda, CEO 5/13/13 213-593-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

Florida Department of State

Division of Corporations

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AECOM INFRASTRUCTURE, INC.

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