PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION FLORIDA DEPARTMENT OF STATE | | | | | | | | FILED | | | | |
|--|--------------------------------------|----------|-------------------|-------------------------|---|----------|---|--|----------------------|-----------------|-----------------------|--|
| REINSTATEMENT | | | | | Secretary of State rision of corporations | | | 08 DEC 30 AM 8: 52 | | | | |
| DOCUMENT # F0300001686 | | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORID! | | | | |
| 1. Corporation Name | | | | | | | | | | | | |
| Ehrenkrantz Eckstut & Kuhn Architects PC | | | | | | | | 000140303320 01/12/0901004001 **150.00 | | | | |
| ₩08-55537 | | | | | | | | | | | | |
| 2. Principal Office Address - No P.O. Box # 3. Mailing C | | | | | Office Address e if the Americas | | | RE | NSTAT | EMENT | 07-08 | |
| Suite, Apt. #. etc. Suite, Apt. # | | | | | | | | | CR2 | ZEU81 (10/U8) | | |
| 3rd Floor 3rd Floor | | | | | or | | | | orated or Qualil | fied A/A | 1/2003 | |
| City & State City & State | | | | | . NIV | | | 5. FEI Numbe | | 7,- | Applied For | |
| New York, NY zip Country | | | New York, NY | | | ilry | 13-2733062 Not Applicable | | | Not Applicable | | |
| 10013 | | USA | - | 10013 | | US | • | CERTIFICATE OF STATUS DESIRED S | | SIRED S8.75 Add | ditional Fee required | |
| 7. Name and Addross of Current Registered Agent | | | | | | | | | , | | | |
| Name Corporation Service Company | | | | | | | | The reinstatement fee is imposed, except in | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street | | | | | | | circumstances which the entity did not receive the prior notices. By checking this box, you | | | | | |
| Suite, Apt. #, Etc. | | | | | | | | are certifying the prior notices were not received and requesting the reinstatement | | | | |
| Tallahassee State Zip Code 7219 Code | | | | | | | | fee be waived. 000139018890 12/15/0801047001 **150 00 | | | | |
| 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 REGISTERED AGENT HUST SIGN | | | | | | | | | Dalo 12/9/08 | | | |
| 9. Names | s and Street A | ddresses | of Each Officer a | d/or Director (Flo | orida nonpro | fit corp | orations must list at le | ast 3 directors) | | <u> </u> | | |
| Titles | Name of Officers and/or Directors | | | | Street Address of Each Officer and/or Director | | | | City / State / Zip | | | |
| Presig | Stanton Ecstut | | | | 161 Ave if the America | | | S | New York, NY 10013 | | | |
| Sec | James Greenberg | | | | 161 Ave if the Americas | | | s | New York, NY 10013 | | | |
| Dir | Ming Wu | | | | 161 Ave if the Americas | | | s · | New York, NY 10013 | | | |
| Dir | Peter C | JZZİ | | 161 Ave if the Americas | | | s | New York, NY 10013 | | | | |
| Dir | Matt Bell | | | | 2121 Ward Ct, 6th Floo | | | or | Washington, DC 20037 | | | |
| Dir | Doug S | | | 2121 Ward Ct, 6th Floo | | | or | Washington, DC 20037 | | | | |
| 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 filling 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 (MESQ NOWERS) 12.9.08 112.353.0400 | | | | | | | | | | | | |
| | | GNATURE | AND TYPED OR P | RINTED NAME OF | SIGNING OF | ICER O | R DIRECTOR | | Date | Daytime Ph | none # | |

JAMES GREENBERG, SECRETARY

2 1/8