# Florida Department of State

## Division of Corporations

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

# CORPORATION REINSTATEMENT

## LAIDLAW & COMPANY (UK) LTD., INC.

| | |
|---|---|
| Certificate of Status | |
| Certified Copy | 1 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** P05000003420

1. Corporation Name

LAIDLAW & COMPANY (UK) LTD., INC.

**REINSTATEMENT** 08-09

CR2E081 (12/08)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 41 DOVER STREET | 90 PARK AVENUE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | 31st FLOOR |
| City & State | City & State |
| LONDON | NEW YORK, NEW YORK |
| Zip / Country | Zip / Country |
| W1S4NS / UK | 10016 / USA |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 980380030 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Debbie Diaz — REGISTERED AGENT MUST SIGN

Debbie Diaz
Assistant Secretary

Date: 5/4/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| PRES | HUGH REGAN | 90 PARK AVENUE; 31ST FLOOR | NEW YORK, NEW YORK 10016 |
| FINOP | OSBAS ZULUAGA | 90 PARK AVENUE; 31ST FLOOR | NEW YORK, NEW YORK 10016 |
| | | | |
| | | | |
| | | | |
| | | | |

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 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: _____ HUGH REGAN — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — MAY 4, 2009 — Date — 212 697-5200 — Daytime Phone #

FL019 - 01/04/2009 C T System Online

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