PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

H03000300664 3

FILED

03 OCT 21 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # F94000000015

1. Corporation Name

ALVAREZ & MARSAL, INC.

Principal Place of Business	Mailing Address
599 LEXINGTON AVE STE 2700 NEW YORK NY 10022 US	599 LEXINGTON AVE STE 2700 NEW YORK NY 10022 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
101 East 52nd Street	101 East 52nd Street
Suite, Apt. #, etc.: 6th Floor	Suite, Apt. #, etc.: 6th Floor
City & State: New York, NY	City & State: New York, NY
Zip: 10022 Country: USA	Zip: 10022 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/03/1994

5. FEI Number: 13-3207916 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCT	MARSAL, BRYAN P	71 KENILWORTH ROAD	RYE NY 11580
VCVS	ALVAREZ, ANTONIO C	200 CHESTNUT STREET	ENGLEWOOD NJ 07631

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [signature] Brian Courtney Asst. V. Pres. Date: 10/21/03

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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: Antonio C. Alvarez II [signature] 10/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JR