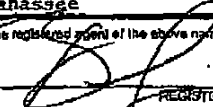


MAR 11 2008 8:45AM C S C

NO 222 P 2/2

FILED
Mar 11, 2008 8:00 A.
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING TH

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002825			
1. Corporation Name Kohn Pedersen Fox Associates P.C.			
2. Principal Office Address 111 West 57th Street Bldg, Apt. #, etc.		3. Mailing Office Address 111 West 57th Street Bldg, Apt. #, etc.	
City & State New York		City & State New York	
Zip 10001	Country USA	Zip 10001	Country USA
		4. Date incorporated or Qualified To Do Business in Florida June 6, 1996	
		5. FEI Number 13-2862504	
		Applied For Not Application	
		9. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Corporation Services Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Bldg, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0505, F.S.			
Signature of Registered Agent 		Date 3/11/08	
Name and Title of Registered Agent Brian Courtney President			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
CH.	Eugene Kohn	111 West 57th Street	New York, NY 10001
Dir.			
Pres.	Lee A. Polisano	111 West 57th Street	New York, NY 10001
Dir.			
VP/Sec.	Robert L. Cioppa	111 West 57th Street	New York, NY 10001
Dir.	David Leventhal	111 West 57th Street	New York, NY 10001
VP:	William E. Pedersen	111 West 57th Street	New York, NY 10001
Dir.	William C. Louis	111 West 57th Street	New York, NY 10001
10. I certify that I am an officer or director of the corporation authorized 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)(X), F.S. The information included on this application is true and accurate. And my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		212-237-3499	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert L. Cioppa		Date March 7, 2008 Daytime Phone #	

Please see attached Supplement

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KS

MAR. 11. 2008 8:46AM C S C

NO. 223 P. 3/3

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Supplemental Attachment

Director's List Cont'd:

Paul Katz, 111 West 57th Street, New York, NY 10001

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Florida Department of State
Division of Corporations
Public Access System

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

162916

CORPORATION REINSTATEMENT

KOHN PEDERSEN FOX ASSOCIATES P.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$908.75