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 # FG600002825

1. Corporation Name
Kohn Pedersen Fox Associates P.C.

2. Principal Office Address	3. Mailing Office Address
111 West 57th Street	111 West 57th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York	City & State: New York
Zip: 10001 Country: USA	Zip: 10001 Country: USA

CR2E061 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida: June 6, 1996

5. FEI Number: 13-2862504 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation ServiceCompany

Street Address (P.O. Box Number is Not Acceptable): 1201 Haye Street

Suite, 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 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Brian Courtney Date: 3/11/08
REGISTERED AGENT'S NAME, Pres.

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
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	111West 57th Street	New York, NY 10001
Dir.	William C. Louie	111 West 57th Street	New York, NY 10001

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 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: Robert L. Cioppa March 7, 2008 212-237-3499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Please see attached Supplement

KS

Supplemental Attachment

Director's List Cont'd:

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

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

KOHN PEDERSEN FOX ASSOCIATES P.C.

Certificate of Status	1
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