

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003030

1. Corporation Name

BECHTEL INFRASTRUCTURE CORPORATION

2. Principal Office Address
50 BEALE STREET

3. Mailing Office Address
P.O. Box 193965

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O TAX DEPARTMENT

City & State

San Francisco CA

City & State

San Francisco CA

Zip

94105-1895

Country

USA

Zip

94119-3965

Country

USA

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida** 6/17/96

5. FEI Number
94-3155230

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

CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

600009057726

11/19/02--01002--035 ***150.00

600009057726

12/04/02--01082--003 ***618.75

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**

Connie Bry

REGISTERED AGENT MUST SIGN

Date 11/18/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MCINTIRE, L.A.	50 Beale Street	San Francisco CA 94105
PD	MACDONALD, J.A.	50 Beale Street	San Francisco CA 94105
VD	DRAEGER, T.R.	50 Beale Street	San Francisco CA 94105
S	OGDEN, S.P.	50 Beale Street	San Francisco CA 94105
T	KNOX, M.S.	50 Beale Street	San Francisco CA 94105
AC	CARLSON, T.A.	50 Beale Street	San Francisco CA 94105

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:

T.A. Carlson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T.A. Carlson Assistant Controller (Authorized Officer)

November 15, 2002 (415) 768-3531

Date

Daytime Phone #

[Signature]