PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## - APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**	
DOCUMENT#	F96000003493

1. Corporation Name

THE THORNTON-TOMASETTI GROUP, INC. -

Principal Place of Business

Mailing Address

641 AVENUE OF THE AMERICAS NEW YORK NY 10011

641 AVENUE OF THE AMERICAS NEW YORK NY 10011

FILED

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SECRETARY OF STATE TALLAHASSEE: FLORIDA



If above a	idresses are i	ncorrect in any way, line t	hrough incorrect in	nformation a	nd enter correction below.	REINS	TAILMEN		00.
		ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     07/10/1996					
				5. FEI Number 13-1251070		Applied For			
City & State City & State							Not Applicable		
Zip	Country Zip		Zip	Country				onal Fee required ficate of Status	
7. Names a	and Street Add	dresses of Each Officer ar	nd/or Director (Flo	orida nonprof	it corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P <b>DT</b> D	TOMASETTI, RICHARD L			641 AVENUE OF THE AMERICAS - 7TH			NEW YORK NY 10011		
<b>⊭</b> D Sr.VP	PRASAD, JAGDISH M. StehpenvDennis			641 AVENUE OF THE AMERICAS - 7TH			NEW YORK NY 10011		
SC D	THORNTON, CHARLES H			641 AVENUE OF THE AMERICAS - 7TH			NEW YORK NY 10011		
D	DEGASTANO, PETER			488 MADISON AVENUE			NEW YORK NY 10022		
	Daniel A. Cuoco			641 Ave.of The Americas,7th F			1., New York, NY 10011		
Sr.VP D		Z. Scarangell	0	641 Av	ve.of The Ameri	cas,7th Fl	l., New York,	NY 1001	
4.	(-	2							LS
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
· ctcc	DDOD ATION	ı QVQTEN	-		Name .				·d

1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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

Suite, Apt. #, Etc.

City

\*\*\*\*750.00<sub>0</sub>

named corporation, amparpilliar with and accept the obligations of Section 607.0505, F.S.

Patrick A. Nolan

Assistant Secretary

Date

REGISTERED AGENT MUST SIGN

11% 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 filling 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 of Registered Agent

M. Stephen Dennis, Sr. V.P./Director 10/13/00 212-741-1300

Daytime Phone #