PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 NOV 14 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT 00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/10/1996

5. FEI Number: 13-1251070 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDT D	TOMASETTI, RICHARD L	641 AVENUE OF THE AMERICAS - 7TH	NEW YORK NY 10011
~~D~~ Sr.VP	~~PRASAD, JAGDISH~~ M. Stephen Dennis	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 Sr.VP	~~DEGAETANO, PETER~~ Daniel A. Cuoco	488 MADISON AVENUE 641 Ave.of The Americas,7th Fl.,	NEW YORK NY 10022 New York, NY 10011
Sr.VP D	Thomas Z. Scarangello	641 Ave.of The Americas,7th Fl.,	New York, NY 10011
			LS

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

000000341965S0 -12/12/00-01028-010 5
****750.00 ****750.00

CR2E040 (8/00)

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.

Signature of Registered Agent: SIGNATURE REQUIRED Patrick A. Nolan Assistant Secretary — Date: 11/3/2000

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

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

0000271 AF