

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

641 AVENUE OF THE AMERICAS
NEW YORK NY 10011

Mailing Address

641 AVENUE OF THE AMERICAS
NEW YORK NY 10011

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
PDTB	TOMASETTI, RICHARD L SEE ATTACHED SCHEDULE	641 AVENUE OF THE AMERICAS 7TH	NEW YORK NY 10011
DSVP	DENNIS, M. STEPHEN	641 AVENUE OF THE AMERICAS 7TH	NEW YORK NY 10011
SCD	THORNTON, CHARLES H	641 AVENUE OF THE AMERICAS 7TH	NEW YORK NY 10011
DSVP	GUOGO, DANIEL A	641 AVENUE OF THE AMERICAS 7TH	NEW YORK NY 10011
SVPB	SCARANGELLO, THOMAS Z	641 AVENUE OF THE AMERICAS 7TH	NEW YORK NY 10011

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***900.00 ***900.00

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

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

Robert L. Harris
REGISTERED AGENT MUST SIGN

Date

2/28/2002

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:

M. Stephen Dennis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2702 (212) 661-7800

APPROVED
AND
FILED

02 MAR -1 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001-2002

CR2E040 (8/01)

The Thornton-Tomasetti Group, Inc.

Titles:	Names:	Street Addresses:	City/State/Zip:
D / SrVP	Cuoco, Daniel A.	641 Avenue of the Americas	New York, NY 10011
D / SrVP	Dennis, M. Stephen	641 Avenue of the Americas	New York, NY 10011
D / SrVP	DeScenza, Robert P.	14 East Jackson Boulevard; Suite 1100	Chicago, IL 60604
C / D / S	Thornton, Charles H.	2000 L Street, NW; Suite 800	Washington, DC 20036
D / P / T	Tomasetti, Richard L.	641 Avenue of the Americas	New York, NY 10011
D / SrVP	Scarangelo, Thomas Z.	641 Avenue of the Americas	New York, NY 10011
D / SrVP	Weinstein, Joel S.	641 Avenue of the Americas	New York, NY 10011