PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9900002443

1. Corporation Name

HATCH MOTT MACDONALD, INC.

Principal Place of Business

Mailing Address

6140 STONERIDGE MALL ROAD. SUITE 250 PLEASANTON CA 94686

6140 STONERIDGE MALL ROAD. SUITE 250
PLEASANTON CA 94588

FILED

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.					167 057	0501019059	www.tob	* 100	
New Principal Office Address, If Applicable 3. New Mail			ing Office Address, If Applicable HOPYARD RD		Date Incorporated or Qualified To Do Business in Florida O5/11/1999				
SUITE 7-40 SUITE City & State City & State		1 4		5. FEI Number 16-1006700			Applied For		
Zip Country Zip 9458 USA 9458		Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requi		nal Fee required cate of Status			
7. Names	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprofit corpora	ations must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
D	THIRLWALL, TIMOTHY J		ST. ANNE HOUSE, 20-26 WELLESLEY			CROYDON CR9 2UL UNITED KINGD			
D	NOLAN, RONALD R		2800 SPEAKMAN DR.			MISSISSAUGA, ONTARIO L5K			
С	SMITH, GORBAN A WICKENS, PETER	6140-STONERIDGE-MALL RD., #250 3825 HOPYARD RD. \$240			PLEASANTON CA 94588				
Р	WICKENS, PETER-J		6140 STONERIDGE MALL ROAD, SUITE			PLEASANTON CA 94588			
	MANIACT, JORL D	3825 HOPYARD RD. # 240							
ST	VELASQUEZ, JÖSEPH	3825 HOPYARD RD. #240			PLEASANTON CA 94588				
D	WHITE, DAVID P	6140 STONERIDGE MALL ROAD, SUITE < 38-25 HOPYARD RD. #240			PLEASANTON CA 94588				
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent					
MAUSS, STEVE 3770 SW B ST., SUITE 200 CORAL GABLES FL 33134			Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc.						
		·	-	City PLANTATIO	oN	State FL	- 333		
10. I, being Signature of Registered A	appointed the registered agent of the abov			th and accept the ob	ligations of Section	Date 1 25/03		I	

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 AND TYPED OR PRINTED WAILE OF SIGNING OFFICER OR DIRECTOR

VELIKAVEZ

NOV. 21, 2002 925-

Daytime Phone #

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Delaware
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: HATCH MOTT MACIONALD, INC.
2. The mailing address of the corporation: 3823 HOPYARD RD. #240
PLRASANTON, CA. 94588
3. Date of incorporation/qualification: May 11, 1999 Document number: F99000002443
4. The name and address of the current registered agent and office:
Steve Mauss
3770 SW B St., Suite 200
Coral Gables, FL 33134
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
1 (a 9 gelara 1 1 1 6/02
(Signature of an officer, chairman of the board) (Date)
J-CPAIG VE US QUE > (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. C T Corporation System By:
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: Tina Perrin
(Typed or Printed Name) Special Assistant Secretary
* * * FILING FFF: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314