APPLICATION FOR [redacted]

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 21 PM 2:01

DOCUMENT # F99000004542

1. Corporation Name

OVE ARUP & PARTNERS, P.C.

Principal Place of Business	Mailing Address
155 AVENUE OF THE AMERICAS NEW YORK NY 10013	155 AVENUE OF THE AMERICAS NEW YORK NY 10013

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: 09/01/1999

5. FEI Number: 13-3473570 ☐ 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
PCD	MICHAEL, DUNCAN	8 FITZROY STREET 3RD	LONDON, ENGLAND
VD	EMMERSON, ROBERT	8 FITZROY STREET 3RD	LONDON, ENGLAND
STD	MILES, JOHN C	8 FITZROY STREET 3RD	LONDON, ENGLAND

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-12/27/00--01076--011
****158.75 ****158.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

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 — 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 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 — 11/2/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert Emmerson

0000055 AF

Our ref 76001-05
Date 9 November 2000

F99000004542

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New York NY 10013
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www.arup.com

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee FL 32399

ARUP

OVE ARUP & PARTNERS PC, FLORIDA ANNUAL REPORT FOR 2000
Document Number F99000004542
FEI Number 13-3473570

We request waiver of the fees related to reinstatement of the above noted corporation. We did not receive the annual report form to enable us to file. We are now aware of the requirements and will follow up to obtain a form should we not receive it in the future.

We have enclosed the normal annual report fee of $61.25.

Please send all future forms and correspondence to the attention of Senior Accountant USA.

If you have any questions, please contact me at 212-896-3131.

Yours sincerely

Marcy Lebovitz

Marcy Lebovitz
Accountant USA
Attachment – Application for Reinstatement

cc Miriam Staley