

FLORIDA DEPARTMENT OF STATE Katherine.Harris

Secretary of State DIVISION OF CORPORATIONS

F99000004542 **DOCUMENT#**

1. Corporation Name

OVE ARUP & PARTNERS, P.C.

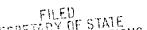
Principal	Place	of Bu	isiness

Mailing Address

155 AVENUE OF THE AMERICAS NEW YORK NY 10013

155 AVENUE OF THE AMERICAS

NEW YORK NY 10013



FILED
SECRETARY OF STATE
FOR CORPORATIONS

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If above a	addresses are incorrect in any way, line t	through incorrect in	nformation ar	nd enter co	rrection below.				
Suite, Apt. #, etc. Suite, Apt.			New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State		Date Incorporated or Qualified To Do Business in Florida 09/01/1999				
		Suite, Apt. #							Applied For
		City & State			13-3473570			Not Applicable	
Zip	Country	Zip		Country	•	6. CERTIFICAT	E OF STATUS DESIRED	□ \$8.75 fo	5 Additional Fee required ra Certificate of Status
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Flo	rida nonprofi	it corporation	ons must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 2		3		t Address of Eac er and/or Directo		4	City / Sta	te / Zip
PCD	MICHAEL, DUNCAN		8 FITZRO	Y STREET	T 3RD		LONDON, ENGLA	ND	
VD	EMMERSON, ROBERT	,	8 FITZRO	y street	r 3RD		LONDON, ENGLA	ND	
STD	MILES, JOHN C		8 FITZRO	Y STREET	SRD -		LONDON, ENGLA		
			,				1000035 -12/27/ ****15	חחו	01076011 ****158.75
						Mn	m		
						91			
	8. Name and Address of Currer	nt Registered Age	ent			9. Name and	Address of New Regis	stered A	gent
	•				Name		_		
	ORPORATION:SYSTEM	_	راستمن ، ر		Street Address (P.O. Box Number	is Not Acceptable)		
PLANTATION FL 33324		Suite, Apt. #, Etc.		i.					
			,		City			State	Zip Code
10. I, bein	g appointed the registered agent of the a	bove named corpo	oration, am fa	amiliar with	and accept the o	obligations of Sect	ion 607.0505, F.S.		
Signature o Registered	Agent UIUIF	TURE REGISTERED AG			IRED		Date		
this rei	y that I am an officer or director or the rec nstatement application, the reason for dis by the corporation have been paid and th	ssolution has been	eliminated, t	the corpora	ite name satisfies	the requirements	of section 607.0401 o	r 617.04	01, F.S., that all fees

SIGNATURE:

Robert Emmerson

0000055

page 2x v

Our ref 76001-05

Date 9 November 2000

F99000004542

155 Avenue of the Americas New York NY 10013 Tel +1 212 229 2669 Fax +1 212 229 1057

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
Accountant USA

Attachment - Application for Reinstatement

cc Miriam Staley