

P95000049174

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

300001521983

-06/23/95--01060--019

*****70.00 *****70.00

Hymen - HOK Design/Builder Inc.

☒ Profit/For.

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Fictitious name Filing

☐ Certified Copy

☐ Photo Copies

☐ CUS

☒ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call If Problem

☐ Will Wait

☐ After 4:30

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Availability
Document Examiner
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Verifier
Acknowledgment
W.P. Verifier

3:00

6-23-95

PLEASE RETURN EXTRA COPIES
FILE STAMPED

6/23/95
EA

ARTICLES OF INCORPORATION
OF

Hyman-HOK Design/Build, Inc.

RECORDED
JUN 23 1968
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

Hyman-HOK Design/Build, Inc.

The address of the principal office of this corporation shall be 3440 Hollywood Boulevard, Suite 300, Hollywood, Florida 33021 and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock having \$ No par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1200 South Pine Island Road, Plantation, Florida 33324 , and the name of the initial registered agent of the corporation at that address CT Corporation System

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Draga L. Dubick
7500 Old Georgetown Road
Bethesda, MD 20814

The undersigned incorporator has executed these Articles of Incorporation this 22 day of June, 1995

Draga L. Dubick
Incorporator

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

CT Corporation System, authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

BY: Marilyn Lizzio
Marilyn Lizzio
Authorized Service Representative

Dated: June 21, 1995

ML/san

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT -9 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000049174**

1 Corporation Name

HYMAN- HOK DESIGN/BUILD, INC.

Principal Place of Business

**3440 HOLLYWOOD BLVD. STE 300
HOLLYWOOD FL 33021**

Mailing Address

**3440 HOLLYWOOD BLVD. STE 300
HOLLYWOOD FL 33021**



REINSTATEMENT *all*

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		4 Date Incorporated or Qualified To Do Business in Florida	
Suite Apt # etc		Suite Apt #, etc		06/23/1995	
City & State		City & State		5 FEI Number	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President & Director	Sidney J. Jordan	15310 Amberly Drive, Suite 105	Tampa, Florida 33647
Vice President & Director	Pete Karamitsanis	201 North Franklin St., Suite 3000	Tampa, Florida 33602
Secretary	Linda P. Earle	3440 Hollywood Boulevard	Hollywood, Florida 33021
Treasurer	Richard N. Vaswani	7500 Old Georgetown Road	Bethesda, Maryland 20814
Director	Kenneth R. Lietz	3440 Hollywood Boulevard	Hollywood, Florida 33021
Director	Peter C. Forster	7500 Old Georgetown Road	Bethesda, Maryland 20814

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM INC.
1200 SOUTH FIVE ISLAND ROAD
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name *B10-16-96*
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, Etc **700001979287-1**
City **-10/17/96-01034-012**
State **FL** Zip Code **3375.00**

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

Marilyn Lopez

REGISTERED AGENT MUST SIGN

ant. Secty

Date

10/3/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12 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 NAME OF SIGNING OFFICER OR DIRECTOR

Peter C. Forster
Peter C. Forster-Director

10/3/96
Date

(301) 986-8100
Daytime Phone #

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) HYMAN-HOK DESIGN/BUILD INC.	
2 Trade name or business, if different from name in line 1 SAME AS ABOVE	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) 7500 OLD GEORGETOWN ROAD	5a Business address, if different from address in lines 4a and 4b
4b City, state, and ZIP code BETHESDA, MD 20811	5b City, state, and ZIP code
6 County and state where principal business is located MONTGOMERY COUNTY, MARYLAND	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ RICHARD N. VASWANI	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input checked="" type="checkbox"/> Other corporation (specify) C-CORPORATION	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other nonprofit organization (specify)	(enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ▶		

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶

State FLORIDA	Foreign country N/A
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
JUNE 23, 1995

11 Enter closing month of accounting year. (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **N/A**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶

Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (See instructions.) ▶ **GENERAL CONTRACT CONSTRUCTION**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☒ N/A
☐ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ **RICHARD N. VASWANI, TREASURER** Business telephone number (include area code)
(301) 986-8100

Signature ▶  Date ▶

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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