PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000046958

1. Corporation Name

LAMALIE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3903 NORTHDALE BLVD. TAMPA FL 33624	622 THIRD AVENUE 38TH FLOOR NEW YORK NY 10017

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
	TAX DEPARTMENT
Suite, Apt. #, etc.	Suite, Apt. #, etc. 622 THIRD AVENUE, 38 FL
City & State	City & State NEW YORK, NY
Zip / Country	Zip / Country 10017

4. Date Incorporated or Qualified To Do Business in Florida: 05/27/1997

5. FEI Number: 59-2276441 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

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-12/11/01--01039--001
****758.75 ****758.75

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	4 City/State/Zip
~~DP~~	~~MCDONNELL, PATRICK J~~	~~225 W. WACKER DRIVER STE 2100~~	~~CHICAGO IL 60606~~
~~D~~	~~MCDONNELL, PATRICK J~~	~~3903 NORTHDALE BLVD STE 200E~~	~~TAMPA IL 33624~~
~~S~~ VP	~~ALBRIGHT, PHILIP~~ HARRINGTON, PATRICK	~~3403 NORTHDALE BLVD STE 200E~~ 622 THIRD AVE, 38 FL	~~TAMPA FL 33624~~ NEW YORK, NY 10017
D V P	~~OLEGNUCKYJ, MYRON~~ OLESNYCKYJ, MYRON	622 THIRD AVE 39 FL	NEW YORK NY 10017
D P	TREACY, JAMES	622 THIRD AVE 39 FL	NEW YORK NY 10017
D CEO	~~CATALANE, BART~~ ANDREW MCKELVEY	622 THIRD AVE 39 FL.	NEW YORK NY 10017

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~ALBRIGHT, PHILIP R~~ ~~3903 NORTHDALE BLVD.~~ ~~TAMPA FL 33624~~	Name: CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET Suite, Apt. #, Etc.: City: TALLAHASSEE State: FL Zip Code: 32301

CR2E040 (8/01)

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: Brian Courtney as its agent Date: 11-21-01
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: PATRICK HARRINGTON VP-TAX 11/20/01 (212)351-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #