

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 27 PM 1:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F94000001065

1. Corporation Name

CESAR PELLI & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1056 CHAPEL STREET
 NEW HAVEN CT 06510

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 NEW HAVEN CT 06510

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

REINSTATEMENT 2002

4. Date Incorporated or Qualified To Do Business in Florida

03/03/1994

5. FEI Number

06-1228461

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PELLI, CESAR	294 LIVINGSTON STREET	NEW HAVEN CT
STD	CLARKE III, FRED W.	140 DAVIS STREET	HAMDEN CT
D	PELLI, RAFAEL	355 W 21ST STREET	NEW YORK NY 10011
			000010132590 01/15/03--01067--005 **150.00
			000010132590 01/15/03--01067--006 **150.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Kristen Betzger
 REGISTERED AGENT MUST SIGN

KRISTEN BETZGER
 ASSISTANT SECRETARY

Date

12/20/02

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:

Cesar Pelli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cesar Pelli

12/18/02

(203) 777-2515

Date

Daytime Phone #

CR2E040 (8/02)