

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 MAY 20 PM 1:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P08664**

1. Corporation Name

SYSTRA CONSULTING, INC.

Principal Place of Business

Mailing Address

1515 BROAD STREET
 BLOOMFIELD NJ 07003-3069
 US

1515 BROAD STREET
 BLOOMFIELD NJ 07003-3069
 US

REINSTATEMENT 01-02

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

12/30/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-2593414

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	ENGEL, ALBRECHT P.	1515 BROAD STREET	BLOOMFIELD NJ 07003-3069
D	DEPOND, VINCENT	5 AVENUE DU COQ	PARIS FR 75009
VT	HARTWIG, GARRY A.	1515 BROAD STREET	BLOOMFIELD NJ
D	OSSENT, THIERRY	5 AVENUE DU COG	PARIS FRANCE 75009
D	HUGONNARD, JEAN C	5 AVENUE DU COG	PARIS FRANCE 75009
D	TOTILLO, ROBERT	420 LEXINGTON AVE SUITE 540	NEW YORK NY 10170

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

200005981422-6
 06/25/02 State 01070-023
 ZIP Code
 ****150.00

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

PETER F. SOUZA
 ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/2/01

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-01

Date

973-893-6000

Daytime Phone #

CR2E040 (8/01)