PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 15 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 853688

1. Corporation Name
ENGINEERING DESIGN & MANAGEMENT INC.

2. Principal Office Address		**3.** Mailing Office Address	
220 Mansion House		220 Mansion House	
Suite, Apt. #, etc. 3rd Floor		Suite, Apt. #, etc. 3rd Floor	
City & State St. Louis, MO		City & State St. Louis, MO	
Zip 63102	Country USA	Zip 63102	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/09/1982

5. FEI Number
43-1007373
☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Registered Agents Legal Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1333 North Duval Street

REINSTATEMENT 2-15-05

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee,	FL	32303

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 2/3/2005
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John Sonderman	220 Mansion House	St. Louis, MO 63102
EVP	Gholam Masoumy	220 Mansion House	St. Louis, MO 63102
SVP	Robert Warren	220 Mansion House	St. Louis, MO 63102
			700047346987 02/28/05--01004--025 **1950.00

10. 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: _____ 1/19/05 314 231 5485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #