


125

NOV-18-2004 14:11 CT CORPORATION
**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

04 NOV 17 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0000000439	
1. Entity Name DELTA CONSTRUCTION SERVICES, INC.	

Principal Place of Business 2905 NORTHWEST BOULEVARD, SUITE 150 PLYMOUTH, MN 55441 US	Mailing Address 2905 NORTHWEST BOULEVARD, SUITE 150 PLYMOUTH, MN 55441 US
---	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 39-1788782	Applicable For <input type="checkbox"/> Not Applicable
5. Certificate of Status Destroyed <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY DATE 11/18/04

Signature, typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEB IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P OBERMILLER, GARY J STREET ADDRESS 2905 NORTHWEST BOULEVARD, SUITE 150 CITY-ST-ZIP PLYMOUTH, MN 55441	<input checked="" type="checkbox"/> Delete	TITLE NAME President/Director Ness, Monte E. STREET ADDRESS 2905 Northwest Boulevard, Suite 150 CITY-ST-ZIP Plymouth, MN 55441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME ST HACKNER, MICHAEL H STREET ADDRESS 2905 NORTHWEST BOULEVARD, SUITE 150 CITY-ST-ZIP PLYMOUTH, MN 55441	<input checked="" type="checkbox"/> Delete	TITLE NAME Treasurer Wilson, James P. STREET ADDRESS 6120 South Yale, Suite 1480 CITY-ST-ZIP Tulsa, OK 74136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME O EDWARDS, LARRY STREET ADDRESS TWO WARREN PLACE, 6120 S. YALE, STE 1480 CITY-ST-ZIP TULSA, OK 74136	<input type="checkbox"/> Delete	TITLE NAME Secretary Cheeseman, Candice L. STREET ADDRESS 6120 South Yale, Suite 1480 CITY-ST-ZIP Tulsa, OK 74136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME AS MATHESON, JOHN M STREET ADDRESS 6120 S YALE STE 1480 CITY-ST-ZIP TULSA, OK 74136	<input type="checkbox"/> Delete	TITLE NAME Assistant Secretary Simons, Gary STREET ADDRESS 2905 Northwest Boulevard, Suite 150 CITY-ST-ZIP Plymouth, MN 55441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Candice Cheeseman **Candice L. Cheeseman** DATE 11/18/04 918-488-0828

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

20f2

NOV-18-2004 14:11

CT CORPORATION

***** -COMM. JOURNAL- ***** DATE NOV-17-2004 ***** TIME 16:44 *****

MODE = MEMORY TRANSMISSION

START=NOV-17 16:43

END=NOV-17 16:44

FILE NO.-105

STN NO.	COMM.	ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK		2050384	002/002	00:00:46

-CT CORPORATION

***** - - *****

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
Public Access System**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000229991 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850) 205-0384

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : PCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 222-9438

CORPORATION REINSTATEMENT

DELTAK CONSTRUCTION SERVICES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	023
Estimated Charge	\$758.75

*Please refik and
date 11/17/04
Thanks!
Jennifer*

Electronic Filing Home

Corporate Filing

Public Access Web