

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 14 PH 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F96000000112

1. Corporation Name

FLUOR DANIEL ENVIRONMENTAL SERVICES, INC.

2. Principal Office Address

2790 MOSSIDE BLVD.

3. Mailing Office Address

2790 MOSSIDE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MONROEVILLE, PA 15146

City & State

MONROEVILLE, PA 15146

Zip

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/5/96

5. FEI Number

33-0437335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600003417956--8
-10/09/00--01007--007
*****900.00 *****900.00
REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
526 EAST PARK AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Ed Hand - Asst. Secretary
REGISTERED AGENT MUST SIGN

Date

9-8-00

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
PRES	JAMES M. REDWINE	2790 MOSSIDE BLVD.	MONROEVILLE, PA 15146
VP	JAMES G. KIRK	2790 MOSSIDE BLVD.	MONROEVILLE, PA 15146
SEC	JAMES G. KIRK	2790 MOSSIDE BLVD.	MONROEVILLE, PA 15146
TREAS	RICHARD R. CONTE	2790 MOSSIDE BLVD.	MONROEVILLE, PA 15146

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. REDWINE, PRES.

8/15/00

Date

(412) 858-1536

Daytime Phone #