

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 28 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P-12249**

1. Corporation Name

DELTA ENVIRONMENTAL CONSULTANTS, INC.

5910 RICE CREEK PARKWAY
5910 RICE CREEK PARKWAY

2. Principal Office Address

5910 RICE CREEK PARKWAY

3. Mailing Office Address

5910 RICE CREEK PARKWAY

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

SHOREVIEW, MN

City & State

SHOREVIEW, MN

Zip

55126

Country

USA

Zip

55126

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 11/21/1986

5. FEI Number

41-1561791

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-04

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

100040497391

08/25/04--01045--010 **490.00

100040497391

09/28/04--01013--002 **360.75

State
FL

Zip Code
33324

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

Michele Miller
Assistant Secretary

Date

9/24/04

REGISTERED AGENT MUST SIGN

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/D	PAUL R. GOUDREAU	5910 RICE CREEK PARKWAY #100	SHOREVIEW, MN 55126
V/D	ROBERT M. KARLS	5910 RICE CREEK PARKWAY #100	SHOREVIEW, MN 55126
S/D	ROBERT M. KARLS	5910 RICE CREEK PARKWAY #100	SHOREVIEW, MN 55126
V/D	GARY M. WISNIEWSKI	8008 CORPORATE CENTER DRIVE	CHARLOTTE, NC 28226

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-19-04 800-477-7411

CR2E001 (01/04)