


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 SEP 22 PM 2:37

SECRET  
TALLAHASSEE, FLORIDA

200060086172  
09/29/05--01059--013 \*\*750.00

CR2E081 (8/05)

DOCUMENT # **489312**

1. Corporation Name  
**ALL STATE ENGINEERING & TESTING CONSULTANTS, INC.**

2. Principal Office Address  
**2380 W. 78<sup>th</sup> STREET**

3. Mailing Office Address  
**2380 W. 78<sup>th</sup> STREET**

City & State  
**HALEAH, FL**

City & State  
**HALEAH, FL**

Zip  
**33016**

Country

4. Date Incorporated or Qualified To Do Business in Florida  
**11/12/1975**

5. FEI Number  
**591642998**

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

7. Name and Address of Current Registered Agent

Name  
**MEENA D. SIDDIQUI**

Street Address (P.O. Box Number is Not Acceptable)  
**2380 W. 78<sup>th</sup> STREET**

Suite, Apt. #, Etc.

City  
**HALEAH**

State  
**FL**

Zip Code  
**33016**

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 **Meena D. Siddiqui** Date **9/19/05**

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
C	ASAD SIDDIQUI	2380 W. 78 <sup>th</sup> STREET <del>HALEAH, FL 33016</del>	HALEAH, FL 33016
T	MEENA SIDDIQUI	2380 W. 78 <sup>th</sup> STREET	HALEAH, FL 33016
P	WASEEM QUADRI	2380 W. 78 <sup>th</sup> STREET	HALEAH, FL 33016
MD	SALAHUDDIN ABBASI	2380 W. 78 <sup>th</sup> STREET	HALEAH, FL 33016
MD	FARHANA SINDHU	2380 W. 78 <sup>th</sup> STREET	HALEAH, FL 33016
MD	WAYNE WEBB	2380 W. 78 <sup>th</sup> STREET	HALEAH, FL 33016

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: **Wayne Webb** Date **9/19/05** Daytime Phone # **305-888-3373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR