

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000057588

1. Corporation Name

ASJ CONSULTING INC

2. Principal Office Address

1105 POINTE COVE

Suite, Apt. #, etc.

205

City & State

LAKE MARY, FL

Zip

32746

Country

USA

3. Mailing Office Address

1105 POINTE COVE

Suite, Apt. #, etc.

205

City & State

LAKE MARY, FL

Zip

32746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/5/01

5. FEI Number

59-372785

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

AHMED EBRAHIM

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

1105 POINTE COVE

Suite, Apt. #, Etc.

205

City

LAKE MARY

State

FL

Zip Code

32746

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

Ahmed Ebrahim

Date

1/12/06

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
<u>PD</u>	<u>SIDRAT RAHMAN</u>	<u>1105 POINTE COVE # 205</u>	<u>LAKE MARY, FL 32746</u>
<u>T</u>	<u>AHMED EBRAHIM</u>	<u>1105 POINTE COVE # 205</u>	<u>LAKE MARY, FL 32746</u>

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 contained in Chapter 119, 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:

Sidrat Rahman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/06

Daytime Phone #

1/12/06

Document # PO1000057588

To whom it may concern:

**I did not receive my annual report for the years 2003 through 2006
because I have moved 2 times.**

Thanks in advance,

A handwritten signature in black ink, appearing to read "Sidrat Rahman". The signature is fluid and cursive, with a large initial "S" and a long, sweeping underline.

Sidrat Rahman.