

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC 29 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000092424

1. Corporation Name

ATLANTIC ENGINEERING, INSPECTION & TESTING SERVICES, INC.

2. Principal Office Address - No P.O. Box #
1101 WOODFIELD RD.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

GREENACRES, FL

City & State

Zip

33415

Country

US

Zip

Country

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **06/28/2005**

5. FEI Number
203054717

☐ 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

SHIV SHAHI

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

1101 WOODFIELD RD

Suite, Apt. #, Etc.

City

GREENACRES

State

FL

Zip Code

33415

200215814652
01/03/12--01042--001 **758.75

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

Shiv Shahi
REGISTERED AGENT MUST SIGN

Date **12/28/2011**

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
PST	SHIV SHAHI	1101 WOODFIELD RD	GREENACRES, FL 33415

10. E-mail Address: **shiv@AECbuild.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Shiv Shahi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/2011 5618896621

Date

Daytime Phone #