

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000058105**

1. Corporation Name

ASTECH ENGINEERING SERVICES INCORPORATED

Principal Place of Business

Mailing Address

6880 52ND STREET NORTH
PINELLAS PARK FL 34665

6880 52ND STREET NORTH
PINELLAS PARK FL 34665

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33781

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1993

5. FEI Number

89-332922

Applied For

NOT APPLICABLE

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	HENRY, EARL E	6880 52ND STREET NORTH	PINELLAS PARK FL 34665 33781
D	DAVIS, SOLOMON S JR.	4690 17TH AVENUE SOUTH	ST. PETERSBURG FL 33711
D	GODBEE, LEO JR.	2925 LAKEVIEW AVENUE SOUTH	ST. PETERSBURG FL 33712

100002040661--6

12/30/96 01017 001

******611.25 ****375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENRY, EARL
6880 52ND STREET NORTH
PINELLAS PARK FL 34665

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code
33781

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **12-21-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EARL HENRY

12-21-96

Date

526-7099

Daytime Phone #