

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099694

1. Corporation Name

JASMIR MANAGEMENT COMPANY, INC.

Principal Place of Business

1495 S. VOLUSIA AVENUE  
ORANGE CITY FL 32763

Mailing Address

1495 S. VOLUSIA AVENUE  
ORANGE CITY FL 32763

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/1996

5. FEI Number

59-3419144

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a 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	City / State / Zip 4
DP	CHAUDHARI, GOVIND	157 VISTA OAK DRIVE	ORANGE CITY FL 32763
STD	CHAUDHARI, MEENA	157 VISTA OAK DRIVE	LONGWOOD FL 32779
			000004657790--4 -10/23/01--01079--023 ****450.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHAUDHARI, GOVIND  
1495 S. VOLUSIA AVENUE  
STE 201  
ORANGE CITY FL 32763

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10-15-01

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., 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 #

# **DYNAMIC TESTING & ENGINEERING, INC.**

CONSULTING ENGINEERS  
CIVIL - ENVIRONMENT - GEOTECHNICAL - MATERIALS TESTING

202

October 15, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE : Dynamic Testing & Engineering Corp. (# 585389 )  
Dynamic Laboratory, Inc. ( # P94000075115 )  
Jasmir Management, Inc. ( # P96000099694 )

Dear Sir/ Madam :

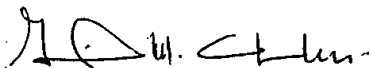
This is in reference to the 2001 Corporation annual reports / UBR for the above-mentioned corporations.

We received the notice of administration dissolution for all 3 corporations only last week. We had not received the first notices for the same.

Therefore, we request you to re-instate the corporations. A check in the amount of \$ 450.00 has been enclosed.

Thank you for your help in this matter.

Sincerely,



Govind M. Chaudhari, P.E.  
GMC : NR