

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

UBR AMENDDD

DOCUMENT # P97000108359

1. Corporation Name

AJF ENGINEERING & TESTING INC.

2. Principal Office Address

1438 10TH CT.

Suite, Apt. #, etc.

City & State

LAMB PARK, FL

Zip

33403

Country

USA

3. Mailing Office Address

113 QUEEN CATHERINA CT.

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL.

Zip

34949

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-26-1997

5. FEI Number

59-348-6696

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JIM LOTT

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

113 QUEEN CATHERINA CT.

Suite, Apt. #, Etc.

City

FT. PIERCE

State

FL

Zip Code

34949

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

Jim Lott

Date

7-9-03

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 |
|--------|--------------------------------------|---|----------------------|
| P | SHIRISH RAJTATHAKI | 3200 N. FEDERAL HIGHWAY | BOCA RATON, FL 33431 |
| V | JIM LOTT | 113 QUEEN CATHERINA CT. | FT. PIERCE, FL 34949 |
| S/T | BOB UHL | 2855 SE INDIAN ST. | STUART, FL 34994 |
| | | | |
| | | | |
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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:

Jim Lott JIM LOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-9-03

Daytime Phone #

772 201-4981

CP25041 (10/02)