

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 23 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L46800**

1. Corporation Name

FANA ENTERPRISES INC

2. Principal Office Address
4484 34TH STREET

Suite, Apt. #, etc.

City & State
ORLANDO FL.

Zip
32811

Country
USA

3. Mailing Office Address
4484 34TH STREET

Suite, Apt. #, etc.

City & State
ORLANDO, FL.

Zip
32811

Country
USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida **01/29/1990**

5. FEI Number
59-2992557

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
TAHIR S. ANSARI

Street Address (P.O. Box Number is Not Acceptable)
4484 34TH STREET

Suite, Apt. #, Etc.

City
ORLANDO,

State
FL

Zip Code
32811

600030953576

03/23/04--01102--018 *900.00**

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

Tahir Ansari

Date **03/19/2004**

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
D P	TAHIR S. ANSARI	10469 DOWN LAKEVIEW CIRCLE	WINDERMERE, FL. 34746

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:

Tahir Ansari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/2004

Date

407-426-7009

Daytime Phone #

CR2E081 (01/04)