

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 29 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 101000057336

1. Corporation Name

ANS PETROLEUM CORPORATION  
935 N. US HWY 27  
LAKE WALES FL 33853

2. Principal Office Address

935 N. US HWY 27

Suite, Apt. #, etc.

3. Mailing Office Address

935 N. US HWY 27

Suite, Apt. #, etc.

City & State

LAKE WALES FL 33853

City & State

LAKE WALES FL 33853

Zip

33853

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/5/2001

5. FEI Number

65-1110044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MOHAMMAD R AMIN

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

935 N. US HWY 27

Suite, Apt. #, Etc.

LAKE WALES FL 33853

City

LAKE WALES

State

FL

Zip Code

33853

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

Date

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
PR	MOHAMMAD R AMIN	935 N. US HWY 27 LAKE WALES FL 33853	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-03 863-528-2170

CR2E081 (10/02)