

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JAN 13 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000093409

1. Corporation Name

EVANA PETROLEUM CORP.

2. Principal Office Address

13661, INDIAN PAINT LN

Suite, Apt. #, etc.

City & State

FORT MYERS, FLORIDA

Zip

33912

Country

U.S.A.

3. Mailing Office Address

13661, INDIAN PAINT LN

Suite, Apt. #, etc.

City & State

FORT MYERS

Zip

33912

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

11-14-1996

5. FEI Number

65-0707843

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

54

7. Name and Address of Current Registered Agent

Name

NABI DILARA

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

13661, INDIAN PAINT LANE

Suite, Apt. #, Etc.

City

FORT MYERS

State  
FL

Zip Code  
33912

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

*Nabi Dilara*

Date 01-11-05

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
PD	NABI DILARA	18953, ADAGIO DRIVE	BOCA RATON, FL-33498
TSD	NABI HABIBUN	18953, ADAGIO DRIVE	BOCA RATON, FL-33498

900044695829  
01/13/05--01057--002 \*\*750.00

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:

*Habibun Nabi*

HABIBUN NABI

1-11-05

239-561-1117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/05)