PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 24 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000093409

1. Corporation Name
EVANA PETROLEUM CORPORATION

2. Principal Office Address	3. Mailing Office Address
13661, INDIAN PAINT LN	13661, INDIAN PAINT LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS	City & State: FORT MYERS
Zip: 33912 County: U.S.A	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 ☐

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: Dilara Nabi — REGISTERED AGENT MUST SIGN — Date: 04-30-05

CR2E041 (01/06)

9. Names and Street Addresses of Each Officer and/or Director to Be Added to Florida Corporation (Corporation must list at least one officer)

Title	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

000559781 31
06/09/05--01057--006 **150.00

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 04-30-05 239-561-1117
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #