

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 23 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000017679

**1. Corporation Name**

ANA AVIATION SERVICES, INC.

**2. Principal Office Address**

6801 NW 73RD COURT

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**Zip**

33166

**Country**

USA

**3. Mailing Office Address**

6801 NW 73RD COURT

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**Zip**

33166

**Country**

USA

**REINSTATEMENT**

03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/24/1998

**5. FEI Number**

650896126

**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**

MOUSTAFA NASSER

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

6801 NW 73RD COURT

**Suite, Apt. #, Etc.**

**City**

MIAMI

**State**  
FL

**Zip Code**  
33166

**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

*Moustafa Nasser*  
REGISTERED AGENT MUST SIGN

Date 03/16/2004

**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	MOUSTAFA NASSER	6801 NW 73RD COURT	MIAMI, FL 33166

100030945791  
03/23/04--01102--011 \*\*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:

*Moustafa Nasser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/2004

Date

305-863-9292

Daytime Phone #

CR2E081 (01/04)

BB