

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000017679

1. Corporation Name

ANA AVIATION SERVICES, INC.

2. Principal Office Address - No P.O. Box #

7211 NW 75 Street

Suite, Apt. #, etc.

3. Mailing Office Address

7211 NW 75 Street

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

33166

Country

USA

Zip

33166

Country

USA

7. Name and Address of Current Registered Agent

Name

Moustafa Nasser

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

7211 NW 75 Street

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

REGISTERED AGENT MUST SIGN

Date 01/05/2010

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	7211 NW 75 Street	Miami, FL 33166

10. E-mail Address: AIRAPC@AOL.COM

(To be used for future annual report notification)

11. 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, I further certify 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

01/05/2010 3058876100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JAN -8 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000165425570

01/08/10--01042--010 \*\*900.00

REINSTATEMENT

05-10

4. Date Incorporated or Qualified  
To Do Business in Florida 1998

5. FEI Number  
650896126

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.