PLEASE READ /	ALL INSTRUCTIONS	BEFORE (COMPLETING :	THIS FORM	
APPLICATION FOR	FLORIDA DEPARTME Sandra B. Mo Secretary of S	NT OF STATE	T.	AHD THEFT	
REINSTATEMENT	DIVISION OF CORPO		1.47	107.24 # 10	· 51
DOCUMENT # N9600004688 1. Corporation Name			SECRETARY 0 - 44. TALLAHASSEE, UMAGA		
MUSLIM CHARITABLE ORGAN , INC.	IZATION OF SOUTH	FLROIDA	1/4L C.	AHASSEL/(15)	(. 1 · 1 ·)
Principal Place of Business Malling Address			- 	ii da hid as ia) ac an ac hid ac ian i	81313 8113 1 28163 1811 1881
2210 SOUTH EAST 17TH STREET FORT LAUDERDALE FL 33316					
If above addresses are incorrect in any way, line thro	uch incorract information and enter	carrection below			
New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or To Do Business in F	Qualified	09/1996
Sulte, Apt. #, etc. 4760 N. E. 27/4	Sulte, Apt. #, etc. 4.760 N.F. 277	H AVE.	5. FEI Number	09/0	Applied For
City & State AUDERDALE, F.	City & State FT. AUDI	RDALE	65-070	1462	Not Applicable
Zip 33308 Country BWD	Zip 33308 Countr	BWD.	6. CERTIFICATE OF STAT	TUS DESIRED (\$8.75)	Additional Fee required a Certificate of Status
7. Names and Street Addresses of Each Officer and/o					
Title(s) Name of Officers and/or Directors Name of Officers Street Address Officer and/or 3 (Do NOT Use Post Offi			con lor City / State / Zip x Numbers} 4		
DR. SYED M. TOBI	Of the own 11760	(D) 274	ANE FT.	/ AUDERON	E, FL. 33308
(CT (D))			.		
DIMETER DR. SALEEM !	1. HAG 8130 N.U	0.47 DK	IVE COR	CAL SPRING	95, FL 33067
TREAS MOHAMMAN A. SID	DION 12340 TVS	D) CT	Boo	A RATON, A	22428
71107	01407 12349 111	10.0	1200	11 (XI)(OU)12	
*					
			600002358306+)-\ 9		
				*****61.25	****** 125
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
IQBAL, MOHAMMAD			SY60 19B		SAIN &
2210 SÖMTH EAST 17TH STREET FORT LAUDERDALE FL 33316		4/60	O. Box Number is Not Ac	ceptable)	SS/7/V 883
Magas Sim hors		Suite, Apt. #, Etc.	<u> </u>	State I	
10. I, being appointed the registriged agent of the above name is corporation, am familiar with and accept the obline			HOEROALE		33308
Signature of Registered Agent	SISTERIO AGENT MUST SIGN			11. 9. 97	
11. This corporation owes or has Intangible Personal Property	s paid the current yea tax due June 30.	ar Yes 🗌	No 🗗	(See other side fo on intangib	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation on this application is true and accurate, and my sign signature:	flion has been eliminated, the corpo mes of individuals listed on this forn ature shall have the same logal effe	rate name satisfics t n do not qualify for a ct as if made under	the requirements of section in exemption under section oath.	3 607 MM1 Ar 617 MM1	E C that all food
SIGNATURE AND TYPEDY OF PRINT	IED NAME OF STUNING OFFICER OR D	RECTOR	Date	Daytin	ne Phone #





Muslim Charitable Organization of South Florida, Inc.

A Non-Profit Organization

CHAIRMAN Dr. Syed Iqbal Hussain (954) 938-0087

PRESIDENT Dr. Saleemul Haq (954) 341-9715

SECRETARY
Dr. Mohammed Illyas
(561) 483-5202

Treasurer Mr. Arif Siddiqui (954) 437-5997

EXECUTIVE DIRECTORS

Mr. Mohammed Iqbal (954) 340-3217

Mr. Rais Khan (954) 341-6324

Mr. Anwar Haroon (954) 755-9268 To

11-5-97

The Secretary of State,
Division Of Cooperation,
PO Box 6327
Tallahassee, Fla 32314
Ref. Muslim Charitable Organization Of South Fla.Inc.
Document # N-96000004688

Dear Sir,

Enclosed is the application for the Re- instatement duly filled along with a check of \$61.25.1 would like to inform you that the original application was lost in the mail due to a change of address. Please waive the penalty, as this is a non- profit charitable organization that takes pride in helping the poor and the needy in the community.

Thank You for the help and the consideration.

Yours Sincerely

hairman

Please note the change of address 4760 NE 27 AVE Ft. Lauderdale, Florida.33308 Phone # (954) 938-0087