

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 NOV -5 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 712767

1. Corporation Name

MASJID AL-ANSAR, INC.

Principal Place of Business  
5245 NORTHWEST 7TH AVENUE  
MIAMI FL 33127

Mailing Address  
5245 NORTHWEST 7TH AVENUE  
MIAMI FL 33127



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/18/1967	
City & State		City & State		5. FEI Number	
Zip		Country		59-1742787	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S	SABIR, NASHID	5245 NW AVENUE	MIAMI FL
DT	SALIM, HASAN	4122 NW 11 COURT	MIAMI FL
DP	NURIDDIN, FRED	1740 N W 189 TERR	MIAMI FL
DV	SALAHUDDIN, KHALIB	11175 E GULF DR.	MIAMI FL
D	ASAD, TARIQ	18610 N.W. 28TH PL.	MIAMI FL

REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SALIM, HASAN ABDUL 4122 NW 11 COURT MIAMI FL 33127		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		500002345385 -11/12/97--01112--025 ***245.00 FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent	Date
<i>Hasan Abdul-Salim</i>	10-30-97
REGISTERED AGENT MUST SIGN	

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on Intangible tax.)

12. 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:	10-30-97 (305) 757-8741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #