

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

97 JUL 22 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745406

1. Corporation Name

THE MUSLIM CENTER OF MIAMI, INC.

Principal Place of Business

Mailing Address

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

1172 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 464

City & State

CORAL GABLES, FLORIDA

Zip

33146

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1978

5. FEI Number

59-2164195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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
P	KAMAL A. ZAHARIN	5950 S.W. 74TH ST., APT 306	MIAMI, FLORIDA 33143
D/C	HANI IBRAHIM HASSAN	7660 S.W. 82ND ST., H-207	MIAMI, FL 33143
D	IBRAHIM ALI AL-KOLAIB	2218 CEDAR MILLS CT.	VIENNA, VA 22182
D	SALEH HAMAD AL-SAQRI	8500 HILLTOP ROAD	FAIRFAX, VA 22030
D	ABDULAZIZ A. AL-JUMAA	2102 UNIT B, GALLOWS ROAD	VIENNA, VA 22182
D	SALEH MANSOUR AL-JARPOA	9162 BLOOM COURT	BURKE, VA 22015

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
HANI IBRAHIM HASSAN

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

7660 SW 82ND ST.

Suite, Apt. #, Etc.

UNIT H-207

City

MIAMI

State

FL

Zip Code

33143

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

REGISTERED AGENT MUST SIGN

Date 7/15/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

KAMAL A. ZAHARIN

7/15/97

305-644 1023

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/96)