

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**



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

97 JUL 22 AM 7:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

DOCUMENT # **745406**

1. Corporation Name
THE MUSLIM CENTER OF MIAMI, INC.

Principal Place of Business Mailing Address

REINSTATEMENT 96-97

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.		1172 SOUTH DIXIE HIGHWAY		12/28/1978	
City & State		SUITE 464		5. FEI Number	
Zip		CORAL GABLES, FLORIDA		59-2164195	
Country		U.S.A.		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
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: *[Signature]* Date: 7/15/97 *[Signature]*

REGISTERED AGENT MUST SIGN

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 instructions 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: *[Signature]* KAMAL A. ZAHARIN 7/15/97 305-644 1023

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)