PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY 10 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****297.50 ****297.50

DOCUMENT # 1454106

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

Principal Place of Business | Mailing Address

REINSTATEMENT 98-99

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
Suite, Apt. #, etc.	7660 sw 82 st H207 Suite, Apt. #, etc.
City & State	MIAMI , FL 33143 City & State
Zip / Country	33143 / U.S.A Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/20/1999

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	KAMAL A. ZAHARIN	5950 s.w. 74st APT. 306	MIAMI , FL 33143
D/C	HANI HASSAN	7660 SW 82st H207	MIAMI , FL 33143
D	IBRAHIM ALI AL KOLAIB	2218 CEDAR MILLS CT.	VIENNA, VA 22182
D	SALAH HAMAD AL SAQRI	8500 HILLTOP ROAD	VIENNA , 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 82 ST
Suite, Apt. #, Etc.:
City: MIAMI | State: FL | Zip Code: 33143

CR2E081 (12/98)

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: HANI HASSAN
REGISTERED AGENT MUST SIGN
Date: 5/3/99

11. This corporation owes 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/20/1999 Date
(305) 665 9795 Daytime Phone #