

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAY 28 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745406

1. Corporation Name

THE MUSLIM CENTER OF MIAMI, INC.

2. Principal Office Address - No P.O. Box #

6201 MARLBERRY DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32819

Country

3. Mailing Office Address

6201 MARLBERRY DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32819

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1978

5. FEI Number

592164195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name IQBAL H. GAGAN

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

6201 MARLBERRY DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

I. Gagan
REGISTERED AGENT MUST SIGN

Date 5-23-2008

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	ABDELRAHMAN RABIE	1366 SPARROW COURT	HARRISBURG, VA 22802
VP	MESHAL KH. AL-AMERI	6201 MARLBERRY DR.	ORLANDO, FL 32819
S, RA	IQBAL H. GAGAN	6201 MARLBERRY DR.	ORLANDO, FL 32819

10. 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 contained in Chapter 119, 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:

I. Gagan IQBAL H. GAGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/2008

Date

Daytime Phone #

407.857.2777

MAY 28 2008