


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
07 OCT 22 AM 10:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762393 1. Entity Name ISLAMIC COMMUNITY OF SOUTH WEST FLORIDA, INC.	
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Principal Place of Business 25148 HARBOR VIEW RD CHARLOTTE HARBOR, FL 33980	Mailing Address 25148 HARBOR VIEW RD CHARLOTTE HARBOR, FL 33980
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



101020 REINSTATEMENT (10/07) 07

4. FEI Number 59-2207380	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ISLAM, SARFRAZ M 105 S.W. GRAHAM ST PORT CHARLOTTE, FL 33952	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50		Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P MOOPEN, MOIDEEN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2490 ABCSCOTT ST.		NAME	07-11-07 60107 013 \$ 87.50	
STREET ADDRESS	PORT CHARLOTTE, FL 33952		STREET ADDRESS	10/23	
CITY-ST-ZIP			CITY-ST-ZIP	100111278081	
CITY-ST-ZIP			CITY-ST-ZIP	10/24/07--01009--012 ++\$6.25	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 10.12.07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR



CROSLAND, JOINER, SCHORTZ, SORAH & COMPANY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

EXCELLENCE SINCE 1973

BRIAN W. CROSLAND, C.P.A.
J. SCOTT JOINER, C.P.A., C.V.A.
JOSEPH R. SCHORTZ, C.P.A. (FL & NJ)
DARA B. SORAH, C.P.A.
CARLO J. LORICCO, C.P.A. (OF COUNSEL)

GREG M. HILL, C.P.A. (FL & NC)
KAREN M. NEATON, C.P.A. C.F.E., C.I.A.
THOMAS A. POSTON, C.P.A.
SHAWN M. CLARK, C.P.A.

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

AMERICAN SOCIETY OF PENSION
PROFESSIONALS & ACTUARIES

NATIONAL ASSOCIATION OF
CERTIFIED VALUATION ANALYSTS

KIMBERLY R. TARTAGLIONE
KRISTIE E. WELLS
AMY L. PENTTILA
KENDRA L. BACHANT
FELICIA M. LIQU
KRISTI L. RANDOLPH

October 12, 2007

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed is the application for reinstatement of Islamic Community of Southwest Florida, Inc. Please see enclosed documentation that \$87.50 has already been paid. Per Moideen Moopen's conversation with your employee (Tina Carter) another \$87.50 is now due. Payment is enclosed for \$96.25 which represents the \$87.50 due plus an additional \$8.75 for the certificate of status.

Please process at your earliest convenience.

Sincerely,

Ellen M. Candelaria
For the Firm

EMC:smc
Enclosure