

**2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 762393

**FILED**  
**Aug 03, 2011**  
**Secretary of State**

**Entity Name:** ISLAMIC COMMUNITY OF SOUTH WEST FLORIDA, INC.

**Current Principal Place of Business:**

25148 HARBOR VIEW RD  
CHARLOTTE HARBOR, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

25148 HARBOR VIEW RD  
CHARLOTTE HARBOR, FL 33980

**New Mailing Address:**

**FEI Number:** 59-2207380      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ISLAM, SARFRAZ M  
105 S.W. GRAHAM ST  
PORT CHARLOTTE, FL 33952      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: SARFRAZ ISLAM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOOPEN, MOIDEEN  
Address: 2490 ABSCOTT ST.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: M  
Name: KHALIDI, NASIR  
Address: P.O. BOX 496420  
City-St-Zip: PORT CHARLOTTE, FL 339496420

Title: S  
Name: MIFTAH, KEMAL  
Address: 21216 OLEAN BOULEVARD SUITE 3  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: M  
Name: ISLAM, SARFRAZ  
Address: 105 SW GRAHAM ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SARFRAZ ISLAM

SEC

08/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date