PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

000023913650
10/17/03--01077--018 **183.75

DOCUMENT # **766686**

1. Corporation Name

NUR-UL-ISLAM OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
10600 SW 59TH ST FT LAUDERDALE FL 33328 US	10600 SW 59TH ST FT LAUDERDALE FL 33328 US

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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **01/25/1983**

5. FEI Number: **59-2366188** ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~PD~~ VP Q	KHAN, NADEER	4096 SW 132 AVE	DAVIE FL 33330
~~VD~~	~~KHAN, HUSMAN DR.~~	~~11550 NW 20TH ST.~~	~~PLANTATION FL 33323~~
TD	KHAN, ALLIE	281 NW 162 AVE	PEMBROKE PINES FL 33028
S	HACK, JAMAL	16280 BW 186 ST. # 108	MIAMI FL 33015
PD	Allauddin Baksh	2671 Forest Drive	Miramar, FL 33025

8. Name and Address of Current Registered Agent

KHAN, HUSMAN DR.
11550 NW 20TH STREET
PLANTATION ACRES FL 33323

9. Name and Address of New Registered Agent

Name: JAMAL HACK
Street Address (P.O. Box Number is Not Acceptable): 10600 S.W 59 St
Suite, Apt. #, Etc.:
City: Cooper City
State: FL
Zip Code: 33328

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: (SECRETARY) — REGISTERED AGENT MUST SIGN
Date: 10/12/03

11. 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: Allauddin Baksh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-435-5149
Daytime Phone #