

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N00000000014

1. Corporation Name

IMAN FOUNDATION, INC.

FILED

00 DEC -8 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

340 WEST 23RD STREET
SUITE K
PANAMA CITY FL 32401

Mailing Address

340 WEST 23RD STREET
SUITE K
PANAMA CITY FL 32401



REINSTATEMENT

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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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/23/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
D	ABDEL-GHANY, NAIMA	340 WEST 23RD STREET, SUITE K	PANAMA CITY FL 32401
D	ABDEL-GHANY, AMIN	340 WEST 23RD STREET, SUITE K	PANAMA CITY FL 32401
D	ELZAWAHRY, KAMEL	2202 STATE AVENUE, SUITE 201	PANAMA CITY FL 32401

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABDEL-GHANY, NAIMA 340 WEST 23RD STREET SUITE K PANAMA CITY FL 32401	Name	RICHARD L. WHITSITT	
	Street Address (P.O. Box Number is Not Acceptable)	2454 PRETTY BAYOU BLVD	
	Suite, Apt. #, Etc.		
	City	PANAMA CITY	State
		Zip Code	32405

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/4/2006

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.

KE

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director

Daytime Phone #

850 872 8122