

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000003857

1. Corporation Name

Rahim Ibn Abdullah Foundation

2. Principal Office Address

7634 wexford club Dr. E

Suite, Apt. #, etc.

3. Mailing Office Address

7634 Wexford Club Dr. E

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country
USA

Zip

32256

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/14/2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Rahim Ibn Abdullah

100066130861

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

7634 Wexford Club Dr. E

02/17/06--01018--022 **551.25

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32256

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

See below

Date 2/4/2006

REGISTERED AGENT MUST SIGN

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
PD	Rahim Ibn Abdullah	7634 Wexford Club Dr. E	Jacksonville/FL/32256
VD	Denise E .Abdullah	7634 Wexford Club Dr. E	Jacksonville/FL/32256
SD	Rahman Ali	1023 N. Liberty St.	Jacksonville/ FL/32206
T	Khallid U. Abdullah	7634 Wexford Club Dr. E	Jacksonville/FL/32256
D	Jamillah H. Abdullah	7634 Wexford Club Dr. E	Jacksonville/FL/32256
D	Danny Cowgill	725 Middle Branch Way	Jacksonville/FL/ 32259

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:

Rahim I. Abdullah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06

Date

(904) 222-1430

Daytime Phone #

06 FEB 10 PM 12:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-06

T. Roberts CR2E081 (12/05) FEB 14 2006