2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# N00000005372

Entity Name: AL SALAM CLUB OF DAYTONA BEACH, INC.

Current Principal Place of Business:

290 N US HWY 1
A
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

290 N US HWY 1
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3700292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SABOUNGI, MAHMOUD
290 N US HWY 1
ORMOND BEACH, FL 32174 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: MAHMOUD SABOUNGI
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SABOUNJI, SALEH
Address: 719 HAND AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete
Name: KHABAZEH, MOUNIR
Address: 103 WEST OHIO AVENUE
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: AFGHANI, ALI
Address: 5955 MARVILLE CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: VD ( ) Delete
Name: FAKRAJIAN, VASKIN
Address: 541 RIVERSIDE
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD ( ) Delete
Name: MORRISON, VERA
Address: 259 WOODSTOCK COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: SALLOUM, A. CHAOUKI
Address: 14 SUGGARBERRY CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MOUNIR KHABAZEH TD 10/13/2009
Electronic Signature of Signing Officer or Director — Date