

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB -2 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01252009 REIN-NP CR2E099 (1/07)

4. FEI Number 31-1726257 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AL-AMIN, WALI
3047 HEROLD DRIVE
ORLANDO, FL 32805

7. Name and Address of New Registered Agent

Name MR. Wali Al-Amin
Street Address (P.O. Box Number is Not Acceptable)
1310 22ND Street
City ORLANDO FL Zip Code 32805

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mr. Wali Al-Amin DATE 1-25-09
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	AL-AMIN, WALI	
STREET ADDRESS	3047 HEROLD DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, EMILY	
STREET ADDRESS	5093 SEEBALT	
CITY-ST-ZIP	DETROIT, MI 48204	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, CECILY	
STREET ADDRESS	5093 SEEBALT	
CITY-ST-ZIP	DETROIT, MI 48204	
TITLE	D	<input type="checkbox"/> Delete
NAME	RORA, MARTHA	
STREET ADDRESS	4135 LENOX BOULEVARD	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLSON, LYNN S	
STREET ADDRESS	36 N TERRY AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200142591602	
STREET ADDRESS	02/02/09--01015--002	
CITY-ST-ZIP	**61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12/30/08 01034	
STREET ADDRESS	006 7003	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT

RH

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mr. Wali Al-Amin DATE 1-25-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

1-25-09

Weeam Foundation, Inc
P.O. Box 1949
Orlando, Florida 32805

Florida Department of State
Division of Corporation
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Dear Sir,

We have already paid \$70.00 for Annual Report for 12-30-08-01034-006 (100139356051). also please find enclosed money order of \$61.25 for Reinstatement for Weeam Foundation, Inc. dated 1-25-09 to be active. My Phone number is 407-704-3605 or Fax: 407-704-5613. I hope you find everything in order. Thank you

Regards,

Mr. Zaki Al-Amer