

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 OCT 23 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

100000007822

1. Corporation Name:

(MASJID AL- HAQQ ISLAMIC LEARNING CENTER OF SARASOTA AND BRADENTON INC

2. Principal Office Address - (No P.O. Box #)

1602 EASR AVE . N

3. Mailing Office Address:

1602 EAST AVE . N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA

City & State

SARASOTA

Zip

34234

Country

SARASOTA

Zip

34234

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

NOVEMBER 14, 2001

5. Filing Number

65-1019290

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

30.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

MOHAMED MEZROUB

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

3606 WEBBER ST

Suite, Apt. #, Etc.

SARASOTA

State
FL

Zip Code
34232

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Mohamed Mezroub

REGISTERED AGENT MUST SIGN

Date 10/15/07

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
(DP)	MOHAMED MEZROUB	4904 RENO DR	SARASOTA, FL
(DVP)	EL MENANI BRAHIM	7410 FRUITVILLE RD	SARASOTA, FL
(DT)	ABDILHAMID HAMMANI	6670 RICHARDSON RD	SARASOTA, FL
(DS)	MUSTAPHA SERROUKH	5418 COLEOOD. PI	SARASOTA, FL
(D)	AHMAD TAITIA	7250 FRUITVILLE RD	SARASOTA, FL

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:

Mohamed Mezroub
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/07

Date

941 926-0204

Daytime Phone #