2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 15, 2006
Secretary of State

DOCUMENT# N01000003334

Entity Name: TAMPABAY AREA MUSLIM ASSOCIATION, INCORPORATED

Current Principal Place of Business:

4005 CORTEZ WAY S
ST PETERSBURG, FL

New Principal Place of Business:

Current Mailing Address:

4005 CORTEZ WAY S
ST PETERSBURG, FL

New Mailing Address:

FEI Number: 59-3722446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALI, ABDUL K
4005 CORTEZ WAY S
ST PETERSBURG, FL 33712 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: ABDUL K. ALI
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALI, ABDUL K
Address: 4005 CORTEZ WAY S
City-St-Zip: ST PETERSBURG, FL

Title: D ( ) Delete
Name: MUHAMMAD, NAIM
Address: 1701 WEST SITKA STREET
City-St-Zip: TAMPA, FL 33604

Title: DT ( ) Delete
Name: ALI, RAUSHANAH
Address: 4005 CORTEZ WAY S
City-St-Zip: ST PETERSBURG, FL 33712

Title: DS ( ) Delete
Name: BASHIR, ALFREDA
Address: 860 SOUTH VILLAGE DRIVE #206
City-St-Zip: ST PETERSBURG, FL 33716

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: AZIZ, ABDUL Q
Address: 1000 55TH AVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

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

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

Title: D ( ) Change (X) Addition
Name: WA;LER, JOHN
Address: 1047 62ND AVE S
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Change (X) Addition
Name: EL-AMIN, JARVIS K
Address: 4818 E 99TH AVE
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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: ALFREDA BASHIR S 11/15/2006
Electronic Signature of Signing Officer or Director — Date