PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 18 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007881

1. Corporation Name

ISLAMIC CENTER OF POLK COUNTY, FLA., INC.,

Principal Place of Business	Mailing Address
242 ASH LN LAKELAND FL 33813	242 ASH LN LAKELAND FL 33813

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/05/2001

5. FEI Number: 59-3179362 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CM	ANDERSON, DAVID	242 ASH LN	LAKELAND FL 33813
SM	ESAYED, NAWAF	200 AVE K SE	WINTER HAVEN FL 33880
VCM	~~HAMEED, NASIR~~ SAPP, WILLIAM	~~302 VIRGINIA CT~~ 131 AVE "T" NE	~~FROSTPROOF FL 33843~~ WINTER HAVEN, FL 33881
TM	RASHID, FAIZ	1395 MLK BLVD	BARTOW FL 33830
M	HAMDAN, ALA'A	2606 S 4TH ST	HAINES CITY FL 33844

8. Name and Address of Current Registered Agent

ANDERSON, DAVID
242 ASH LN
LAKELAND FL 33813

9. Name and Address of New Registered Agent

Name

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

100009529441

Suite, Apt. #, Etc. 12/17/02--01005--001 **61.25

City | State: FL | Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: David Anderson SIGNATURE REQUIRED Date: 12/10/02

REGISTERED AGENT MUST SIGN

11. 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 under section 119.07(3)(i), 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: David Anderson SIGNATURE REQUIRED David Anderson 12/10/02 863-956-1116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE FL 32314-6327

DIVISION OF CORPORATIONS,
Our office did not receive the prior uniform business report notices. Will you please waived the reinstatement fee. Thank you very much.

Sincerely,
David Anderson
David Anderson