

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 21 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO 2000000919

1. Corporation Name

Islamic Education Center of Orlando Inc.

2. Principal Office Address

5211 Hester Avenue

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32773

Country

SEMINOLE

3. Mailing Office Address

340 Twelve Oaks Dr

Suite, Apt. #, etc.

City & State

Winter Spgs

Zip

FL 32708

Country

Seminole

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/2002

5. FEI Number

N/A

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BATOOL S. ALI

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

340 Twelve Oaks Dr

Suite, Apt. #, Etc.

City

Winter Spgs

State

FL

Zip Code

32708

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

*Batool S. Ali*

Date 6/19/06

REGISTERED AGENT MUST SIGN

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
PD	Masooma Hassan	712 Secret Harbor Lane	Lake Mary/FL/32746
VD	Sidika Manji	1673 Pine Bay Drive	Lake Mary/FL/32746
SD	Batool S. Ali	340 Twelve Oaks Dr	Winter Springs Florida, 32708

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:

*Sidika Manji*

SIDIKA MANJI (VD)

6/19/06

407-833-0405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #