

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04000004809

1. Corporation Name

FLORIDA CONFERENCE OF MUSLIM AMERICANS

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

3210 M.L. KING BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 2994

Suite, Apt. #, etc.

City & State

FT MYERS, FL

City & State

FT MYERS, FL

Zip

33916

Country

USA

Zip

33901

Country

7. Name and Address of Current Registered Agent

Name  
ALLENE GAMMAGE-AHMED

Street Address (P.O. Box Number is Not Acceptable)  
711-19TH STREET SOUTH

Suite, Apt. #, Etc.

City  
ST. PETERSBURG

State  
FL

Zip Code  
33712

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

*Alene Gammage-Ahmed*  
REGISTERED AGENT MUST SIGN

Date

3/10/2007

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
PRES	ABDUL'HAQ MUHAMMED	PO BOX 2994	FT. MYERS, FL 33901
VP	ZAKEE FURQAN	313 ARLINGTON RD NO	JACKSONVILLE, FL 32211
SEC	ALLENE GAMMAGE-AHMED	711-19TH STREET SOUTH	ST PETERSBURG, FL 33712
TREA	JAABIR K. MUHAMMAD	858 S.W. NICHOLS TERR	PORT ST. LUCIE, FL 34953

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

*Alene Gammage-Ahmed*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alene Gammage-Ahmed

03-12-2007

Date

727-542-2278

Daytime Phone #

FILED

07 MAR 15 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700095801207  
04/04/07-01028-024 \*\*122.50

REINSTATEMENT 106-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

2004

5. FEL Number

56-2466367

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



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.

3/3/20