

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 18 AM 7:03

DOCUMENT # N04000004809

1. Corporation Name

FLORIDA CONFERENCE OF MUSLIM AMERICANS, INC.

500172552615
03/18/10--01039--025 **122.50

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 3210 M.L. KING BLVD Suite, Apt. #, etc. NA City & State FT. MYERS, FL Zip 33916		Country USA		3. Mailing Office Address 711-19 STREET SOUTH Suite, Apt. #, etc. NA City & State ST. PETERSBURG, FL Zip 33712		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 3/13/2004	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 56 2466367		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name
ALLENE GAMMAGE-AHMED

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

Suite, Apt. #, Etc.
NA

City ST. PETERSBURG, FL	State FL	Zip Code 33712
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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.

500172552615
03/18/10--01039--026 **61.25

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 _____ Date 02/20/2010
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
PRES	ABDUL'HAQ MUHAMMED	P.O. BOX 2994	FT. MYERS, FL 33901
VP	HATIM HAMIDULLAH	P.O. BOX 555542	OLANDO, FL 33855
VP	AMINAH HAMIDULLAH	P.O. BOX 555542	ORLANDO, FL 33855
SECTY	ALLENE GAMMAGE-AHMED	711-19 STREET SOUTH	ST. PETERSBURG, FL 33712
TREAS	JAABIR K. MUHAMMAD	616 S.E. PRESTON LANE	PORT ST. LUCIE, FL 34983

10. E-mail Address: ahmeds.peace2@verizon.net

(To be used for future annual report notification)

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. I further certify, 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: ALLENE GAMMAGE-AHMED ALLENE GAMMAGE-AHMED 02/20/2010 727 542-2278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #