

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.

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

4. Date Incorporated or Qualified  
To Do Business in Florida

3/13/2004

5. FEI Number

56 2466367

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

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

☒ 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.

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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

REGISTERED AGENT MUST SIGN

Date 02/20/2010

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
REINSTATEMENT 05/10			

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 02/20/2010 727 542-2278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #