

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 25 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N0400005135**

1. Corporation Name

ISLAMIC CENTER OF LAKELAND, INC.

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

1161 BLOSSOM CIRCLE SOUTH 9002 KATHLEEN RD

Suite, Apt. #, etc.

3. Mailing Office Address

9002 KATHLEEN RD

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33805

Country

USA

Zip

33810

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2004

5. FEI Number

20-1171908

☐ 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

INSHAN ALI

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

9002 KATHLEEN RD

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33810

☒ 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.

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

Inshan Ali

Date **2/19/09**

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
D	INSHAN ALI	9002 KATHLEEN RD LAKELAND, FL 33810	LAKELAND, FL 33810
D	SALEM GHARSALI	1161 BLOSSOM CIRCLE SOUTH	LAKELAND, FL 33805
D	AZEEM CHAUDRY	1161 BLOSSOM CIRCLE SOUTH	LAKELAND, FL 33805

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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:

Inshan Ali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/09

Daytime Phone #

2/25/09