## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED Oct 26, 2009

DOCUMENT# N162/1		Secretary e	Secretary of State	
Entity Nan	ne: ISLAMIC SOCIETY OF BREVARD COU	NTY, INC.		
Current Pr	rincipal Place of Business:	New Principal Place of Business:		
•		new i interput i dec of Dusiness.		
	FLORIDA AVENUE NE, FL 32901			
Current M	ailing Address:	New Mailing Address:		
•		New Mulling Address.		
	FLORIDA AVENUE NE, FL 32901			
FEI Number: In accordance	59-2738286 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no	FEI Number Not Applicable ( ) Certificate of Status Decretive the prior notice.	esired()	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Age	nt:	
ELHADY, ELSAYED M 1517 FLAG DR NE PAL BAY, FL 32905 US		SABAWI, RAMI 2039 W. IXORA DR. MELBOURNE, FL 32935 US	2039 W. IXORA DR.	
The above in the State		urpose of changing its registered office or registered ag	ent, or both,	
SIGNATUR	RE: RAMI SABAWI	10/26/2009	10/26/2009	
	Electronic Signature of Registered Age	nt Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	PD ( ) Delete ALI, SABIR	Title: ( ) Change ( ) Addition Name:		
Address:	809 CHAMPION DR NE	Address:		
City-St-Zip:	PALM BAY, FL 32905	City-St-Zip:		
Title:	D ( ) Delete	Title: ( ) Change ( ) Addition		
Name: Address:	IDREES, MOHAMMAD 1454 BELAIRE LN	Name: Address:		
City-St-Zip:	PALM BAY, FL 32905	Address. City-St-Zip:		
Title:	D ( ) Delete	Title: ( ) Change ( ) Addition		
Name: Address:	HAGAN, MARVIN A 3016 SAVANNAH WAY #207	Name: Address:		
Address: City-St-Zip:	MELBOURNE, FL 32935	Address: City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABIR ALI **PRES** 10/26/2009