

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N49486**

1. Corporation Name

ISLAMIC FOUNDATION OF FLORIDA, INC.

Mailing Address

**341 NE 35TH ST
MIAMI FL 33139**

Principal Place of Business

**341 NE 35TH ST
MIAMI FL 33139**

If above addresses are incorrect in any way, the through incorrect information and enter correction below

2. New Mailing Address, If Applicable

MOHAMMED S. HOSSAIN

Suite, Apt. #, etc.

6355, ALLISON RD

City & State

MIAMI BEACH FL

Zip

33141

Country

FL

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

33139

Country

FL

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1992

5. FEI Number

65-0344900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HOSSAIN, MOHAMMED S.	1250 LINCOLN RD #503	MIAMI BEACH FL
T	MONIRUZZAMAN, MOHAMMED	10994 RABEL CT.	BOCA RATON FL 33139
S	ASGAR, MOHAMMED ALI	341 NE 35TH ST	MIAMI FL

8. Name and Address of Current Registered Agent

HOSSAIN, MOHAMMED S

1250 LINCOLN RD

SUITE 503

MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City & State

Zip Code

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent **MOHAMMED S. HOSSAIN**
REGISTERED AGENT MUST SIGN

Date **8/15/96**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **MOHAMMED HOSSAIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOSSAIN

305-673-8884