

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra S. Month  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N93000003525

1. Corporation Name

NIGERIAN ISLAMIC SOCIETY, INC.

Principal Place of Business

Mailing Address

2410 NW 93 Street  
 MIAMI, FL. 33147

2410 NW 93<sup>rd</sup>  
 MIAMI FL. 33147

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

2. New Principal Office Address, If Applicable

2410 N.W. 93 STREET  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2410 N.W. 93 STREET  
 Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI FLORIDA

Zip

33147

Country

USA

Zip

33147

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

08/02/1993

5. FEI Number

65-0446430

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	AYODELE, GBOLAGUNDE	1082 N.E. 176 TERR. N. MIAMI BCH. FL. 33162	N. MIAMI BEACH FL. 33162
Secretary	SALVADOR, QUADRI A.	20100 NW 36 CT.	MIAMI, FL. 33055
Treasurer	SALVADOR, RASAQ	4221 S.W. 21 <sup>ST</sup> STR.	HOLLYWOOD, FL. 33023
Director	ETTI, FATAI	19897 NW 62 <sup>nd</sup> Ave	MIAMI, FL. 33015
Trustee	IBRAHIM, LATEEF	650 LIVES DIARY RD. #3123	N. MIAMI BCH. FL. 33179
Trustee	OLADUNMI, DELE	1120 N.W. 78 <sup>TH</sup> Terr.	PLANTATION, FL. 33322

8. Name and Address of Current Registered Agent

ETTI, FATAI B.  
 19897 NW 62<sup>nd</sup> Ave  
 MIAMI FL. 33015

9. Name and Address of New Registered Agent

Name  
 ETTI, FATAI B.  
 Street Address (P.O. Box Number is Not Acceptable)  
 19897 NW 62<sup>nd</sup> Avenue  
 Suite, Apt. #, Etc.  
 City  
 MIAMI  
 State  
 FL  
 Zip Code  
 33015

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a registered agent under section 607.0595, F.S.

Signature of Registered Agent

Fatai Etti

REGISTERED AGENT MUST SIGN

Date 12/17/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

DEC 29 1998  
 (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

GBOLA AYODELE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/98 (954) 550-5686

Date Daytime Phone #

CR2E040 (1/98)