

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 NOV -7 PM 3:14

DOCUMENT # **N93000003525**

1. Corporation Name

AL-MUHMIN ISLAMIC CENTER, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 2410 N.W. 93 STREET MIAMI FL 33147 US	Mailing Address 2410 N.W. 93 STREET MIAMI FL 33147 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 08/02/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0446430
City & State	City & State	Applied For - Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
P	GBOLAGUNTE, AYODELE	1082 N.E. 176 TERR.	N. MIAMI BEACH FL 33162
T	IBRAHIM, LATEE F	650 IVES DAIRY RD., #317-3	N. MIAMI BEACH FL 33179
T	OLANDUNNI, DELE	1120 N.W. 78TH TERR	PLANTATION FL 33322
TT	SALVADOR, RASAO O	4221 S.W. 21ST ST	HOLLYWOOD FL 33023
S	SALVADOR, RASAO O ETTI, KEHINDE	20100 NW 96 CT 19897 NW 62ND AVENUE	MIAMI FL 33085 33015
TFS	ETTI, FATAI	19897 NW 62ND AVE	MIAMI FL 33015

8. Name and Address of Current Registered Agent ETTI, FATAI B 19897 NW 62ND AVE MIAMI FL 33015	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3000004732799--5 Suite, Apt. #, Etc. -12/19/01--01045--013 City ****236.25 State FL Zip Code ****236.25
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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 *[Signature]* **SIGNATURE REQUIRED** Date 10/31/01
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: *[Signature]* **SIGNATURE REQUIRED** B. ETTI Date 10/31/01 Daytime Phone # 305-491-9977
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR26040 (8/01)