

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 JUL 21 P 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000003525

1. Corporation Name

AL-MUHMIN ISLAMIC CENTER, INC.

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

2410 NW 93RD STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

3. Mailing Office Address

2410 NW 93RD STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

900158710249  
07/21/09--01007--010 \*\*\$8.75

900158710249  
07/21/09--01007--011 \*\*\$8.75  
CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

OLA OLAIGBE

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

2279 NW 126TH AVENUE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State  
FL

Zip Code

33028

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.

REINSTATEMENT  
03-09  
98

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

REGISTERED AGENT MUST SIGN

Date 7/14/2009

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
P	OLALEKAN SHOKUNBI	20931 NE 13TH PLACE	MIAMI, FL 33179
T	LATEEF IBRAHIM	19621 NW 7TH COURT	MIAMI, FL 33169
TT	RASAQ O. SALVADOR	4221 SW 21ST STREET	HOLLYWOOD, FL 33023
S	LATEEFAT ALABI	15700 NW 2ND AVE. #206	MIAMI, FL 33169
TFS	NAJEEM MALIKI	15996 NW 12TH COURT	PEMBROKE PINES, FL 33028

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-15-09

Date

Daytime Phone #