

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000077

1. Corporation Name

ISLAMIC RESEARCH CENTER, INC.

Principal Place of Business

3530 FIRT AVE. NORTH
3500 BUILDING STE 220
ST. PETERSBURG FL 33713
US

Mailing Address

3530 FIRST AVE. NORTH
3500 BUILDING STE. 220
ST. PETERSBURG FL 33713
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. BOX 3206
PINELLAS PARK, FL
33780 US

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1994

5. FEI Number

59-3217607

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)

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
PD	BARAZANJI, HAITHAM G	11150 4TH STREET NORTH STE. 4112 10538 3rd St. N. APT. B	ST. PETERSBURG FL 33706 ST. PETERSBURG FL 33716
TD	MOHAREB, IBRAHIM	715 HOLIDAY DRIVE STE. C	GREENSBORO NC 27403
VD	SHUJAI, MANSHA A	850 U.S. ROUTE	N. BRUNSWICK NJ 08902
TD	KATTOT, MOHAMMED	444 LAKEVIEW AVENUE	CLIFTON NJ 07011
SD	ALI, BADI M	2014 WALKER AVENUE	GREENSBORO NJ 27403

500002373945--6
-12/16/97-01104-021
****245.00 ****245.00

8. Name and Address of Current Registered Agent

BARAZANJI, HAITHAM G
10538 3RD ST N APT B
STE. 4112
ST. PETERSBURG FL 33716

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

NO SUITE #

FL

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

REGISTERED AGENT MUST SIGN

Date

11-28-97

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

Yes ☐ No ☒

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-28-97 (813) 323-3824

CR2E040 (8/97)