

131 23 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 25 AM 11:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N95000005242

1. Corporation Name

JAMAT AL MU-MINEEN, INC

2. Principal Office Address

7942 W SAMPLERD

Suite, Apt. #, etc.

City & State

MARGATE FLA

Zip

33063

Country

U.S.A.

3. Mailing Office Address

3283 W BUENA VISTA DR

Suite, Apt. #, etc.

City & State

MARGATE FLA

Zip

33063

Country

U.S.A.

200023341402

09/25/03--01074--011 **131.25

4. Date Incorporated or Qualified
To Do Business in Florida

11-6-95

5. FEI Number

65-0632483

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

YAZID ALI

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

3283 W BUENA VISTA DR

Suite, Apt. #, Etc.

City

MARGATE

State
FL

Zip Code

33063

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/20/03

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	YAZID ALI	3283 W BUENA VISTA DR	MARGATE FLA 33063
V	SHAZIM REYAS	7942 W SAMPLERD	MARGATE FLA 33063
T	ZAHID KHAN	11118 NW 34 CRT	CORAL SPRINGS FLA 33065
S	AHMED ARIF	325 NW 78TH AVE	MARGATE FLA 33063

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 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] YAZID ALI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/20/03 954 977-6753

Daytime Phone #

219/25