

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

97 NOV 26 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000001958**

1. Corporation Name

MASJID AL-ANSAR OF JACKSONVILLE, INC.

97AR

Principal Place of Business

**9801 BAYMEADOWS RD. #135
JACKSONVILLE FL 32256**

Mailing Address

**9801 BAYMEADOWS RD. #135
JACKSONVILLE FL 32256**



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

2. New Principal Office Address, If Applicable

9914 Baymeadows Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

Duval

3. New Mailing Office Address, If Applicable

9914 Baymeadows Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

Duval

4. Date Incorporated or Qualified To Do Business in Florida

04/11/1996

5. FEI Number

59-3373089

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Ahmed Al-Sagga	8433 Southside Blvd, #2510	Jacksonville, FL 32256
D	Ayman Mofei	580 W. 8th St, #8005	Jacksonville, FL 32209
D	yahiya M. Mahfooz	1330 Laclede Ave, #129	Jacksonville, FL 32205

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-12/04/97-0113-008

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11/11/97

8. Name and Address of Current Registered Agent

**ALSAQA, AHMED
8433 SOUTHSIDE BLVD, #2510
JACKSONVILLE FL 32256**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Ahmed
REGISTERED AGENT MUST SIGN

Date

11/11/97

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:

Ahmed Ahmed Alsagga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/97
Date

(904)358-7333
Daytime Phone #

CR2ED040 (8/97)

11/11/97.

Masjid Al-Ansar
9914 Beamedw Rd.
Jacksonville, Fl.
32256. (2)

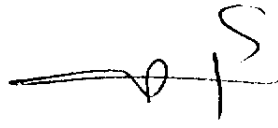
To Secretary of State,

Re: Reinstatement of Corporation Status
for Masjid Al-Ansar of Jacksonville, Inc.

Please, enclosed is a check of \$236.25
for the annual filling fee as well as
the penalty. However, we did not
receive the original annual report
due to incorrect address which has
been corrected hitherto.

I hope that your office will take
this into consideration and waive
the ~~penalty~~ penalty. Hoping to hear from
you. Thank you.

Ahmed Al-Sagga

(Treasurer)  Ahmed