



1072

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N96000003405</b> 1. Entity Name <b>ALHAMDULILLAH COMMUNITY EDUCATIONAL CENTER CORPORATION</b>						SECRETARY OF STATE DIVISION OF CORPORATE REGISTRATION 06 OCT 20 PH 4:42	
Principal Place of Business <b>722 W MARTIN LUTHER KING TAMPA, FL 33607</b>				Mailing Address <b>P.O. BOX 310456 TAMPA, FL 33680 US</b>			
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div>  <div style="margin-top: 10px;">           10132006 REIN-NP CR2E099 (11/05)         </div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>59-3393623</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>AQUIL, HAKIM 6301 NO 19TH ST TAMPA, FL 33610</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2007, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD AQUIL, HAKIM 6301 N 19TH ST TAMPA, FL</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>900081083279</b>  <b>10/20/06--01065--006 **61.25</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD AQUIL, RASHEED 6301 N 19TH ST TAMPA, FL</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS AQUIL, YASN 6301 N 19TH ST TAMPA, FL</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV RASHMEN, DAVID A 6301 N 1957 TAMPA, FL 33610</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.							
<b>SIGNATURE:</b> <u><i>Hakim Aquil</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							

2 of 2

10/17/06

Florida Department of State  
Division of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

The purpose of this letter is to reinstate Not-For-Profit Corporation due to not receiving the reinstatement form. We have never been late renewing our Not-For-Profit status. The only reason that it was late this first time is because we never received the reinstatement form. Please accept this letter and this check to reactivate our Not-For-Profit Corporation. If there are any questions, I may be reached at 813-267-1600. Thanks for your assistances and cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Hakim Aquil', with a stylized flourish at the end.

Hakim Aquil