

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 NOV 30 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005332

1. Corporation Name

ISLAMIC SOCIETY OF ORLANDO, INC.

Principal Place of Business Mailing Address  
120 UNIVERSITY PARK DRIVE PO BOX 4006  
SUITE 140 WINTER PARK FL 32793-4006  
WINTER PARK FL 32792

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



REINSTATEMENT 98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/17/1996	
City & State		City & State		5. FEI Number	
Zip		Country		69-3406381	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
DP	SAFADI, AKRAM	120 UNIVERSITY PARK DRIVE	WINTER PARK FL 32792
DS	ELMASRI, AMIR	120 UNIVERSITY PARK DRIVE	WINTER PARK FL 32792
DT	CHARANI, SAMER	120 UNIVERSITY PARK DRIVE	WINTER PARK FL 32792
			300002703333--8
			-12/04/98--01067--020
			****236.25 ****236.25*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DUNEGAN, STEPHEN D ESQ 800 N. MAGNOLIA AVENUE SUITE 1500 ORLANDO FL 32803		Name DENNIS P. VECIA Street Address (P.O. Box Number is Not Acceptable) 120 UNIVERSITY PARK DRIVE Suite, Apt. #, Etc. SUITE 150 City WINTER PARK State FL Zip Code 32792	

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: [Signature] REGISTERED AGENT MUST SIGN Date: 11/24/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See instructions 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11-24-98 Daytime Phone #

CR2040 (9/98)