

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005775**

1. Corporation Name

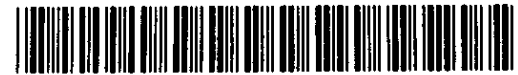
**ISLAMIC CENTER OF NEW PORT RICHEY AREA, INC.**

Principal Place of Business

5258 STATE ROAD 54  
NEW PORT RICHEY FL 34652  
US

Mailing Address

5258 STATE ROAD 54  
NEW PORT RICHEY FL 34652-6049  
US



400009435104  
12/10/02--01051--001 \*\*61.25

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/08/1996

5. FEI Number

59-3416394

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	4 City / State / Zip
PD	RAHIM, A	5749 WEST SHORE DRIVE	NEW PORT RICHEY FL 34652
ST	ZAKI, KHAJA	5041 WEST SHORE DRIVE	NEW PORT RICHEY FL 34652
SD	MODI, AYUB A	1131 BIG CREEK DR.	WESLBY CHAPEL FL 33543
D	KADIWALA, M U	1923 GULF VIEW DRIVE	HOLIDAY FL 34691
D	FARRUKH, ZAIDI	8547 TRASHER CT	NEW PORT RICHEY FL 34690
D	AHMED, AEZAZ	10393 FAIRCHILD ROAD	SPRINGHILL FL 34608

8. Name and Address of Current Registered Agent

RAHIM, ABDUR  
5749 WEST SHORE DR.  
NEW PORT RICHEY FL 34652

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

12/3/02

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/02

Date

727 847 3002

Daytime Phone #

CR2040 (8/02)

To:

Department of State,  
Division of Corrosions,  
P.O. Box 6327  
Tallahassee, Fl., 32314

Dec., 4<sup>th</sup>, 2002

Dear Sir/Madam

For some reasons, we did not receive prior notices from your office about filing the annual report. Please excuse the delay and reinstate our Non-profit corporation. As suggested by Michelle from your office, We are sending the annual report Fee of \$61.25. Please send the future notifications to following address;

Abdur Rahim  
5749 West shore Drive,  
NewPort Richey, Fl., 34652

Thank you for your help and understanding.

Sincerely



Abdur Rahim, M.D