PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

N96000005971 DOCUMENT #

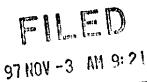
1. Corporation Name

AL-AMIN ISLAMIC FOUNDATION, INC

Principal Place of Business ONE SE THIRD AVENUE

Malling Address

ONE SE THIRD AVENUE 14TH FLOOR



SECRETARY UF STATE TALLAHASSEE, FLORIDA



D	DAHLAWI, HASSAN M J	P.O. BOX 1552-ALMEINA ROAD		JEDDAH, SAUDI ARABIA 21441
D	DAHLAWI, ABDULLAH M A	P.O. BOX 1552-ALMEINA ROAD		JEDDAH, SAUDI ARABIA 21441
D ·	DAHLAWI, GHASSAN M A	P.O. BOX 1552-ALMEINA ROAD		JEDDAH, SAUDI ARABIA 21441
D	RAHMAN, NASIM	ONE SE THIR	D AVENUE 14TH FLOOR	MIAMI FL 33131
				4000023333 4A 9 -11/05/9701093-011
	8. Name and Address of Current Regi	stered Agent	9. Name and Address of New Registered Agent	
RAHMAN, NASIM ONE SE THIRD AVENUE 14TH FLOOR/ MIAMI FL 33/31			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	

i, being appointed e begistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes

(See other side for information on Intangible tax.)

12.1 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 que and accurate, and my single turns shall have the same legal effect as if made under oath.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #