

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000000207

1. Entity Name  
ALBIR ISLAMIC ASSOCIATION, INC.



Principal Place of Business  
3496 POLYNESIAN ISLE  
KISSIMMEE, FL 34746

Mailing Address  
3496 POLYNESIAN ISLE  
KISSIMMEE, FL 34746

FILED  
08 DEC 31 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12272008 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number  
59-3598351

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RABIAH, YAHYA  
3496 POLYNESIAN ISLE  
KISSIMMEE, FL 34746

Name

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

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME RABIAH, YAHYA  
STREET ADDRESS 3496 POLYNESIAN ISLE  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS ☐ Delete  
NAME MORCH, ELSAYAD  
STREET ADDRESS 13546 FALCON POINT  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☒ Delete  
NAME BENCHICH, AHMED  
STREET ADDRESS 5318 BEARFOOT BATH  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE ☐ Change ☒ Addition  
NAME ALMAALI, JAMAL  
STREET ADDRESS 3496 POLYNESIAN ISLE  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE VPD ☐ Delete  
NAME MOHAMED, ABDARI  
STREET ADDRESS 3496 POLYNESIAN ISLE  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD ☐ Delete  
NAME KEIWAN, TAISSER K  
STREET ADDRESS 3496 POLYNESIAN ISLE  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME SYAD, HASHAMI  
STREET ADDRESS 3496 POLYNESIAN ISLE  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/2008 437 716 0336

Date

Daytime Phone #