

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 30 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000207

1. Corporation Name

ALBIR ISLAMIC ASSOCIATION, INC.

2. Principal Office Address

3496 POLYNESIAN ISLE BLV

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

Zip

34746

Country

USA

3. Mailing Office Address

7345 SAND LAKE RD

Suite, Apt. #, etc.

412

City & State

ORLANDO, FLORIDA

Zip

32819

Country

USA

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3598351

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JAMAL ALMOUSA

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

3469 POLYNESIAN ISLE BLVD.

Suite, Apt. #, Etc.

City

KISSIMMEE

State  
**FL**

Zip Code  
34746

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/16/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ADEL R. ALI	3496 POLYNESIAN ISLE	KISSIMMEE, FL 34746
V/D	JAMAL ALMOUSA	3496 POLYNESIAN ISLE	KISSIMMEE, FL 34746
S/D	GHASSAN ALKOWNI	3221 RUNNING BEAR WAY	KISSIMMEE, FL 34746

10. 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

Jamal Almousa/Vice President

Date

Daytime Phone #

CR2E081 (10/02)

**ALBIR ISLAMIC ASSOCIATION, INC.**

**3496 Polynesian Isle Blvd.**

**Kissimmee, Florida 34746**

**Tel. # 407-973-8485**

October 16, 2003

Florida Dept. of State  
Division of Corporation  
409 East Gains Street  
Tallahassee, Florida 32399

Re: Document Number **N99000000207**

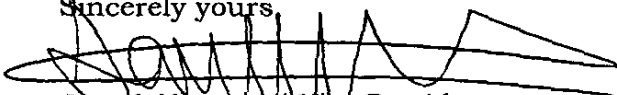
To whom it may concern:

In the course of a business transaction, it has come to our attention that Albir Islamic Association, Inc. has been administratively dissolve as of as of September 19, 2003. As it was explained by your office via telephone yesterday that the reason for dissolution of the corporation was due to non filing of the annual report for the year 2003.

In the later part of last year our associations mailing address was changed to 7345 Sand Lake Rd. Suite # 412, Orlando, Florida 32819. We inadvertently did not notify your office of this change. We apologize for this error and will make sure it does not happen again. As you will notice based on your records, we always file on time. We have enclosed signed corporation annual report reflecting the changes in the principal office and mailing address. We are requesting waiver of reinstatement fees. Also enclosed is a check for \$ 65.00 for the annual fee for the year 2003.

Your attention in this matter would be greatly appreciated.

Sincerely yours,



Jamal Almousa/ Vice President