

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N99000004546

00 OCT '20 PM 12:13

1. Corporation Name

MADRASAH MIFTAHUL ULOOM, INC.

Principal Place of Business

Mailing Address

~~11726 G RUBY LAKE RD.~~
ORLANDO FL 32836

~~11726 G RUBY LAKE RD.~~
ORLANDO FL 32836



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/26/1999

Suite, Apt. #, etc.
11504 PINE ST.

Suite, Apt. #, etc.
11504 PINE ST.

City & State
Orlando FL

City & State
Orlando FL

5. FEI Number

59-3593182

Applied For

Not Applicable

Zip Country
32836 USA

Zip Country
32836 USA

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
D/P	OMARJEE, MOHAMED S	3340 SMOKE SIGNAL CIR. 11504 PINE STREET	KISSIMMEE FL 34748 Orlando FL 32836
D/T	ABAUMER, MOHAMMED	10158 BRANDOL CIR.	ORLANDO FL 32836
D/S	BHANGDA, ABDUL J	11736 REEDY CREEK DR., APT.#202	ORLANDO FL 32836
D/V	SHABIR, MOHAMMED	10133 FACET CT.	ORLANDO FL 32836
			600003447586-7 -11/01/00--01103--011 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MASHBURN, ERIC S
102 E. MAPLE ST.
WINTER GARDENS FL 34787

Name
REHANNAH HEMMALI
Street Address (P.O. Box Number is Not Acceptable)
8505 CEDAR COVE CT.
Suite, Apt. #, Etc.
City
ORLANDO
State
FL
Zip Code
32819

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]

Date 10/17/00

REGISTERED AGENT MUST SIGN

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] MOHAMED S. OMARJEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00
Date

(407) 460-0122
Daytime Phone #

CR2E040 (8/00)

Madrasah Miftahul Uloom
11504 Pine Street
Orlando, FL 32836

October 17, 2000

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Document number N99000004546

Gentlemen:

This letter is regarding an Application for Reinstatement, which was just forwarded to us. Unfortunately, because of a change in our business and mailing address, we never received the original 2000 Corporation annual report/uniform business report that was sent earlier this year. We are respectfully requesting that you waive the \$175.00 reinstatement fee, which would cause a financial burden on our small non-profit corporation. If you have any questions, please call me at (407) 460-0122. We appreciate your consideration.

Sincerely,



Mohamed S. Omarjee
President