

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 27 PM 3:25

DOCUMENT # N99000005718

1. Corporation Name

Islamic Center of Gainesville, Inc.

2. Principal Office Address - No P.O. Box #

1010 W. University Ave.

3. Mailing Office Address

1514 S.E. 15th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32601

Country

Alachua

Zip

32641

Country

Alachua

700178059497
04/27/10--01026--005 **428.75

KS

REINSTATEMENT

07-10

4. Date Incorporated or Qualified
To Do Business in Florida

9/23/99

5. FEI Number

593607185

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

Khaled R. Mohammed

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

1514 S. E. 15th Ave.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32641

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Khaled R. Mohammed
REGISTERED AGENT MUST SIGN

Date 4/26/10

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	Khaled R. Mohammed	1514 S.E. 15th Ave.	Gainesville, FL 32641
T/D	Abdul-Rahman Bilal	640 N.W. 4th ST.	Gainesville, FL 32601
S/D	Shaheed Abubakr	3500 Windmeadows Blvd.	Gainesville, FL 32608

10. E-mail Address: khaled7@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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:

Khaled R. Mohammed

Khaled R. Mohammed

4/26/10 352 219-0078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #