

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 2:06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # PA1000006718

1. Corporation Name

Al Salam Investment, Inc.

Principal Place of Business

Mailing Address

869 Belle Glade Road Pahoee, Florida 33476

REINSTATEMENT 09

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

1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI-Number

65-0525115

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P/D, Ibrahim Elabbas, 869 Belle Glade Road, Pahoee FL 33476.

300003084033-1 -12/30/99-01020-008 \*\*\*\*758.75 \*\*\*\*758.75

LS

8. Name and Address of Current Registered Agent

Ibrahim Elabbas 869 Belle Glade Road Pahoee FL 33476

9. Name and Address of New Registered Agent

Form for New Registered Agent with fields for Name, Street Address, Suite, Apt. #, Etc., City, State (FL), and Zip Code.

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

Handwritten signature of Ibrahim Elabbas

REGISTERED AGENT MUST SIGN

Date 12/16/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes [ ] No [X]

(See other side for information on intangible tax.)

12. 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:

Handwritten signature of Ibrahim Elabbas

Ibrahim Elabbas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/99

Date

Daytime Phone #