

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 01, 2007  
Secretary of State

DOCUMENT# S81907

Entity Name: AL-JUMAA, INC.

**Current Principal Place of Business:**

6915 RED RD.  
215-A SUITE  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

5111 PINE TREE DR  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

6915 RED RD.  
215-A SUITE  
CORAL GABLES, FL 33143

**New Mailing Address:**

5111 PINE TREE DR  
MIAMI BEACH, FL 33140

FEI Number: 65-0371168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALAM, TONI H  
6915 RED ROAD  
SUITE 215-A  
CORAL GABLES, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: TONI ALAM

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SUKKAR, MAZEN  
Address: 2432 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33020

Title: P ( ) Delete  
Name: AL-FASSI, TAREK  
Address: 5111 PINETREE DR  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: ALAM, TONI H., CPA  
Address: 6915 RED ROAD, SUITE 215-A  
City-St-Zip: CORAL GABLES, FL 33143

Title: S ( ) Delete  
Name: AL-FASSI, TAREK  
Address: 5111 PINETREE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: AL-FASSI, TAREK  
Address: 5111 PINETREE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAREK ALFASSI

P

10/01/2007

Electronic Signature of Signing Officer or Director

Date