

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
11 SEP 28 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 703300**

1. Corporation Name

**INTERDENOMINATIONAL MINISTERIAL ALLIANCE, INC.**

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

**704 Brunnell Parkway**

Suite, Apt. #, etc.

City & State

**Lakeland, FL**

Zip

**33815**

Country

**Polk**

3. Mailing Office Address

**P O Box 90741**

Suite, Apt. #, etc.

City & State

**Lakeland, FL**

Zip

**33804**

Country

**Polk**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/08/1961**

5. FEI Number

☒ 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

**Walter King Laidler, Jr.**

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

**704 Brunnell Parkway**

Suite, Apt. #, Etc.

City

**Lakeland**

State

**FL**

Zip Code

**33815**

09/29/11--01001--003 \*\*61.25

**500212604305**  
09/27/11--01024--001 \*\*2502.50

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

Date

REGISTERED AGENT MUST SIGN

**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	Walter K Laidler, Jr	339 Howard Ave	Lakeland, FL 33815
S/D	Willie Mae Hogan	920 West 13th St	Lakeland, FL 33805
T/D	Joe N. Halman, Jr	2160 Highlands Blvd	Lakeland, FL
			F2 9/28/11
			REINSTATEMENT 74-11

10. E-mail Address: walterlaidler@aol.com; hal2160@aol.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Walter K Laidler, Jr*  
President/Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-698-2457