

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 24 AM 11:01

DOCUMENT # 704783

1. Corporation Name

Interdenominational Ministerial
Association of Polk County Florida, INC

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

2010 Buckeye Rd
Suite, Apt. #, etc.

3. Mailing Office Address

2010 Buckeye Rd
Suite, Apt. #, etc.

City & State

Winter Haven, Fla.

City & State

Winter Haven, Fla

Zip

33881

Country

Polk

Zip

33881

Country

Polk

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1962

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

Clifton E Dollison

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

2010 Buckeye Rd

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33881

☐ The 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

Clifton E Dollison

REGISTERED AGENT MUST SIGN

Date

4/28/08

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	Dr. J. J. Pierce, sr.	2656 South Scenic Hwy. LAKE WALES, FL 33898	LAKE WALES, FL 33898
V	Rev. C. E. Dollison	2010 Buckeye Rd.	Winter Haven, FL 33881
T	Rev. D. Jones	785 Baker Ave	Bartow FL 33830
S	Rev. H. Babers	504 Polk City Rd	Haines City 33844
		IN STATEMENT 96-08 400139267834	12/24/08-01008-006 **971.25
		12/24/08	

10. 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 contained in Chapter 119, 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:

Joseph J. Pierce, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

563-241-3430

Daytime Phone #