PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 LBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 12 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007200

1. Corporation Name

INTERDENOMINATIONAL MINISTERIAL ALLIANCE OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
2900 1ST AVE SO SAINT PETERSBURG FL 33712	2900 1ST AVE SO SAINT PETERSBURG FL 33712

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/26/2000

5. FEI Number: 57-1138276 APPLIED FOR ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VICTOR, GUSTAVE	2500 9TH ST S #D	ST. PETERSBURG FL 33705
VP	GRAHAM, DEE	2900 1ST AVE SO	SAINT PETERSBURG FL 33712
D	FRANCIS, ROGER	1200 37TH AVE NE	ST. PETERSBURG FL 33704
D	RAINEY, MARTIN	3901 39TH ST S	ST. PETERSBURG FL 33711
D	LEONARD, PRESTON D. H.	2230 21ST AVE S	ST. PETERSBURG FL 33712

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RAINEY, MARTIN 3901 39TH ST S ST PETERSBURG FL 33711	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 11/18/2002
REGISTERED AGENT MUST SIGN

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 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: SIGNATURE REQUIRED — 12-5-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #