

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -4 PM 1:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N0200000 8809

1. Corporation Name

IDM Community Development Corp
8789 SAN JOSE BLVD #111
JACKSONVILLE, FL 32217

2. Principal Office Address

8789 SAN JOSE BLVD
Suite, Apt. #, etc.
111
City & State
JACKSONVILLE FL
Zip
32217 Country
DVAI

3. Mailing Office Address

8789 SAN JOSE BLVD
Suite, Apt. #, etc.
111
City & State
JACKSONVILLE FL
Zip
32217 Country
DVAI

REINSTATEMENT 03-04

01/06/04 01070 001 96.35

4. Date Incorporated or Qualified To Do Business in Florida 5/6/98
Filed 11/04/02

5. FEI Number

11-3662-693

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
DR. Mike Thomas
Street Address (P.O. Box Number is Not Acceptable)
8789 SAN JOSE BLVD
Suite, Apt. #, Etc.
111
City
JACKSONVILLE

100027126841
01/16/04--01070--001 **96.35

100027126841
02/05/04--01063--003 **26.15

State
FL

Zip Code
32217

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

Dr. Mike Thomas

REGISTERED AGENT MUST SIGN

Date 1/15/04

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
PATRON	DR. Mike Thomas	8789 SAN JOSE BLVD #111	JACKSONVILLE FL 32217
CFO	KANDRA BROWN	8789 SAN JOSE BLVD #111	JACKSONVILLE FL 32217
SEC	DR. Sylvia Thomas	8789 SAN JOSE BLVD #111	JACKSONVILLE FL 32217

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 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:

Dr. Mike Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/04
Date

904 838-7892

Daytime Phone #

CR2001 (10/02)

To Whom It May Concern:

01/18/2004

We had moved from our former location and did not receive the required documentation in order to file for 2003, and we were not aware that we had to file each year. We therefore request that all reinstatement fee's be waived.

Dr. Mike Thomas

Pastor

A handwritten signature in cursive script, appearing to read "Dr. Mike Thomas", written in dark ink.