

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 19 AM 9:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **NA400005967**

1. Corporation Name

**INTERDENOMINATIONAL MINISTERIAL ALLIANCE,
HUMAN SERVICES and DEVELOPMENT (IMAHSD) Inc.**

2. Principal Office Address

1371 16th STREET SOUTH

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 13201

Suite, Apt. #, etc.

City & State

ST. PETERSBURG

City & State

ST PETERSBURG

Zip

33712

Country

FLORIDA

Zip

33733

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1994

5. FEI Number

59-3179956

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

MARTIN RAINEY

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

3901 39TH STREET SOUTH

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33711

000003433910-1

-10/20/00--01078--002

*****367.25 ***367.25**

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

Martin Rainey

Date **9/21/2000**

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
T	MARTIN RAINEY	3901 39th STREET SOUTH	ST PETERSBURG, FL 33711
D	JEAN CLAUDE PETIT	2692 ENTERPRISE RDE #403	CLEARWATER, FL 33759
T	CHIL EGGEMAN	PO Box 2842	ST PETERSBURG, FL 33731
T	DORETHA JACKSON	7300 SUNSHINE SKYWAY W #205	ST PETERSBURG, FL 33711
T	GUSTAVE VICTOR	1521 19th AVE SOUTH	ST PETERSBURG, FL 33705
T	BETTY HAYWARD	5234 9th STREET SOUTH	ST PETERSBURG, FL 33705

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:

Martin Rainey **MARTIN RAINEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/2000

Date

(727) 866-2589

Daytime Phone #

KE