

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -8 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N03000003085 *House of Jacob, Inc.*

2. Principal Office Address

19460 E Pennsylvania Ave

3. Mailing Office Address

PO Box 1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunnellon, FL

City & State

Dunnellon, FL

Zip

34432

Country

US

Zip

34430

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/02

5. FEI Number

41-2061229

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

Jack A. Niedermayer Sr. 000076403030

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

22281 SW Pine Bluffs Rd

Suite, Apt. #, Etc.

City

Dunnellon

State
FL

Zip Code

34431

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

6/7/06

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
D/P	Jack A. Niedermayer Sr.	22281 SW Pine Bluffs Rd	Dunnellon, FL 34431
D/N/T	Robin M. Niedermayer	22281 SW Pine Bluffs Rd	Dunnellon, FL 34431
D/S	Dick Carsberg	18966 SW 93rd Loop	Dunnellon, FL 34432
D	Eli Ramon	8391 SW 202nd Terrace	Dunnellon, FL 34431
D	Jack E. Niedermayer	22281 SW Pine Bluffs Rd	Dunnellon, FL 34431
	<i>[Signature]</i>		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] JACK A. NIEDERMAYER 6/7/06 352-465-5095

Date

Daytime Phone #



House of Jacob Ministries
P.O. Box 1969
Dunnellon, FL 34430
352-465-5095

"From Membership to Ministry"

To whom it may concern,

I am writing to inform you that we did not receive a notice in 2004 for our corporate annual report, please wave the reinstatement fee.

Thank you,

A handwritten signature in black ink, appearing to read "Jack Niedermayer", is written over the printed name.

Pastor Jack A. Niedermayer
Senior Pastor