

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K35381

1. Corporation Name

JACOB'S CONSULTING COMPANY, INC.

Principal Place of Business

% INGRID HAMMERLE
27570 OLD 41 ROAD S.E.
BONITA SPRINGS FL 33923

Mailing Address

% INGRID HAMMERLE
27570 OLD 41 ROAD S.E.
BONITA SPRINGS FL 33923

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1988

5. FEI Number

65-0088554

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HAMMERLE, JACOB	27570 OLD 41 ROAD S.E.	BONITA SPRINGS FL
P	HAMMERLE, INGRID	27570 OLD 41 RD S.E.	BONITA SPRINGS FL
D	STEINBERGER, SABINE	12286 ALAMANS LANE	BONITA SPRINGS FL
			800004690038--9 -11/20/01--01086--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

HAMMERLE, INGRID
27570 OLD 41 ROAD S.E.
BONITA SPRINGS FL 33923

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

J. Hammerle SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-24-01

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:

J. Hammerle SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-01

Date

941-992-1013

Daytime Phone #

CR2ED40 (8/01)