

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

991082

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 17 PM 4:00

DOCUMENT # N00000008331

1. Corporation Name
CLIMBING JACOB'S LADDER INC.

Principal Place of Business Mailing Address

220 NE 31ST ST 220 NE 31ST ST
 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064

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 12/18/2000

5. FEI Number Applied For

NA 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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|-----------------------------------|--|-------------------------|
| P D | Mathew Moore Sr., Evang. | 220 NE 31 Street. | Pompano Bch, Fl 33064 |
| VP D | Albert Hayes Jr. | 1350 SW 10th Terrace | Deerfield Bch, Fl 33441 |
| T D | Nan Moore | 220 NE 31 Street | Pompano Bch, Fl 33064 |
| S T | Elizabeth Hayes | 1350 SW 10th Terrace | Deerfield Bch, Fl 33441 |

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8. Name and Address of Current Registered Agent

WILSON, IVORY
3571 NW 2ND ST
FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code

FL AD

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 *[Signature]* Date **10-19-2001**

SIGNATURE REQUIRED
 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: *Mathew Moore Sr.* Date **Oct. 19-2001** Daytime Phone # **(954) 941-0760**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/01)

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CLIMBING JACOB'S LADDER, INC.
220 NE 31th Street
Pompano Beach, Fl 33064
(954) 941-0760

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October 19, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

To Whom Concern:

I, Evangelist Mathew Moore, Sr., President of Climbing Jacob's Ladder, Inc. never receive any information concerning filing this form, therefore, I am sending the \$ 61.25 that you require of me.

Thank you for your corporation in this matter. Please contact me if you need any more information.

Please contact my agent, Ivory Wilson @ (954) 316-4679.

Sincerely,

Evangelist Mathew Moore, Sr, President

Ivory Wilson, Agent

[Handwritten signature]