

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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

220 NE 31ST ST
POMPANO BEACH FL 33064

Mailing Address

220 NE 31ST ST
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

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
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
			800004757068--6 -01/07/02--01073--023 *****61.25 *****61.25

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
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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-19-2001

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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct. 19-2001 (954 941-0760)

CR2ED40 (8/01)

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

Pg 20Fr

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

