

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008331

1. Corporation Name

CLIMBING JACOB'S LADDER INC.

Principal Place of Business

Mailing Address

220 NE 31ST ST  
POMPANO BEACH FL 33064

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

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

NOT APPLICABLE

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
PD	MOORE, MATTHEW SR.,EVA	220 NE 31ST ST	POMPANO BEACH FL 33064
TD	MOORE, NAN SR.,EVA	220 NE 31ST ST	POMPANO BEACH FL 33064
VPD	HAYES, ALBERT JR	1350 SW 10TH TERRACE	DEERFIELD BEACH FL 33441
ST	HAYES, ELIZABETH	1350 SW 10TH TERRACE	DEERFIELD BEACH FL 33441

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

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:

Matthew Moore Sr. EVA

SIGNATURE REQUIRED

Matthew Moore Sr. EVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

**CLIMBING JACOB'S LADDER, INC.**

**120 NE 31ST STREET  
POMPANO BEACH, FL 33064  
(954) 941-0760**

*October 10, 2003*

*Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314*

*To Whom It May Concern:*

*We did not receive our annual report form to file the Incorporation for 2003. We are sending \$ 70.00 dollars for the 2003 annual report along with this notice.*

*Sincerely,*

*Mathew Moore Sr.*  
Mathew Moore, Sr.  
President