

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JAN 26 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/31/07--01031--016 **490.00

REINSTATEMENT 03-07
CR 2007 (12/05)

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO200000967**

1. Corporation Name
JACOB'S SAFE HOUSE, INC
W06-54589

2. Principal Office Address
4642 SUNSET Rd
Suite, Apt. #, etc.

3. Mailing Office Address
4642 SUNSET Rd
Suite, Apt. #, etc.

City & State
NAPLES FLA.

City & State
NAPLES FLA.

Zip
34116

Country
USA

4. Data Incorporated or Qualified To Do Business in Florida
 Applied For Not Applicable

5. FEI Number _____

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **LARRY FERGUSON**

Street Address (P.O. Box Number is Not Acceptable)
3090 42ND TERR. SW.

Suite, Apt. #, Etc.

City **NAPLES**

State **FL** Zip Code **34116**

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12/13/06--01043--006 **231.25

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 **Larry Ferguson** REGISTERED AGENT MUST SIGN

Date _____

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
T	Debra Victor	530 SPINNAKER, Dr	NAPLES, FL 34102
S	Donald Bianco	6416 HUNTINGTON HILLS	Naples FL 34109
D	Larry Ferguson	3090 42nd Terr SW	Naples, FL 34116

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: **Larry Ferguson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-06 239-289-0362
Date Daytime Phone #