

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 11 PM 4:49

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000097739

1. Corporation Name

Jacob's PlayHouse, INC.

2. Principal Office Address - No P.O. Box #

9240 Brookwood Court

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34135

Country

USA

3. Mailing Office Address

9240 Brookwood Court

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

FL

Country

34135

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12-3-2009

5. FEI Number

27-1454499

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Megan McIntosh

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

9240 Brookwood Court

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

100215824491
01/11/12--01025--020 **158.75
100215824491
01/03/12--01042--017 **750.00

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

Megan McIntosh

Date 12-29-2011

REGISTERED AGENT MUST SIGN

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
VP	Megan McIntosh	9240 Brookwood Court	Bonita Springs, FL 34135
	N/A		
	N/A		

10. E-mail Address: goldenjakedog@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Megan McIntosh

12-29-2011 239-948-3647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #