

L02000023419

APPROVED AND FILED

03 OCT 17 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000023419

1. Limited Liability Company's Name
Summit Development Group, LLC


2. Principal Office Address 205 Beach Dr. North Suite, Apt. #, etc.		3. Mailing Office Address 205 Beach Dr. North Suite, Apt. #, etc.	
City & State Miramar Beach, FL		City & State Miramar Beach, FL	
Zip 32550	Country U.S.	Zip 32550	Country U.S.

4. State/Country of Formation FL/U.S.	
5. Date Organized or Qualified To Do Business in Florida 9/10/02	
6. FEI Number 134210813	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Nicolo D. Gullo	700023914917
Street Address (P.O. Box Number is Not Acceptable) 205 Beach Dr. North	10/17/03--01090--005 **130.00
Suite, Apt. #, Etc.	
City Miramar Beach	State FL
	Zip Code 32550

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 10/6/03

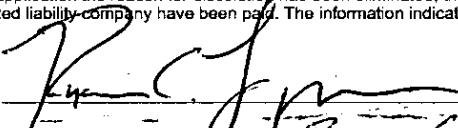
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
S,T	Nicolo D. Gullo	205 Beach Dr. North	Miramar Beach, FL 32550
P	Ryan Lorenzen	4591 Sailmaker Ln.	Destin, FL 32541

REINSTATEMENT *JLB*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date 10-12-03 Daytime Phone# (450) 837-3256

Typed or printed name of signing Managing Member/Manager Ryan C. Lorenzen

CFR2041 (10/02)