PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

S17515

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN -2 PM 2:01

DOCUMENT # S17515

1. Corporation Name
Summit Capital Corporation
REINSTATEMENT 95-98

Principal Place of Business
916 Augusta Blvd
Naples, Fl 34113

Mailing Address
P.O. Box 551
Naples, Fl. 34106-0551

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
% Ludwig J. ABRUZZO
Suite, Apt. #, etc.
1044 CASTELLO DR. #101
City & State
NAPLES, FL 34103
Zip 34103 Country COLLIER

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida Dec. 11, 1990

5. FEI Number 65-0319922 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D/S/T	Edward L. Olah	1044 Castello Dr. # 101	Naples, FL 34103

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-01/05/98--01050--015
***1243.75 ***1208.75

8. Name and Address of Current Registered Agent
Edward L. Olah
916 Augusta Blvd
Naples, Fl.

9. Name and Address of New Registered Agent
Name Ludwig J. Abruzzo
Street Address (P.O. Box Number is Not Acceptable) 1044 Castello Drive, Suite 101
Suite, Apt. #, Etc. Suite 101
City Naples State FL Zip Code 34103

CR2E040 (12/96)

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] Date 12/31/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Edward L Olah Dec. 30, 1997 1-941-774-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward L. Olah
Date Daytime Phone #