

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000114660

1. Corporation Name

SUMMIT MANAGEMENT CORPORATION, INC.

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

124 Bianca Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

Zip

Country

700243013207
12/21/12--01033--003 **1058.75
10-12 CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
9/5/2006

5. FEI Number

205530994

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes.

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul A. Krasker

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

501 South Flagler Drive, Suite 201

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

FILED
DEC 21 PM 4:30
RECEIVED
FLORIDA

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

REGISTERED AGENT MUST SIGN

Date **12/17/2012**

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
P	Michael Integlia, Jr.	124 Bianca Drive	Palm Beach Gardens, FL 33418
VP	Michael Integlia, III	124 Bianca Drive	Palm Beach Gardens, FL 33418
S	Michael Integlia, Jr.	124 Bianca Drive	Palm Beach Gardens, FL 33418

S. HAWKES
DEC - 2012
EXAMINER

10. E-mail Address: **Minteglia2@integliaco.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:

MICHAEL INTEGILIA, JR. **12/18/12**

1-401-274-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #