

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR 22 AM 10:30

SECRETARY OF STATE -
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005990

1. Corporation Name

SUMMIT LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

7200 NW 7TH STREET SUITE 300
MIAMI FL 33126

Mailing Address

1860 OLD OKEECHOBEE RD
STE 510
WEST PALM BEACH FL 33409



REINSTATEMENT 02-03

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

2. New Principal Office Address, If Applicable

901 NORTHPoint Pkwy
Ste 108

City & State
West Palm Beach FL

Zip
33407

Country
USA

3. New Mailing Office Address, If Applicable

901 NORTHPoint Pkwy
Ste 108

City & State
West Palm Beach FL

Zip
33407

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/2000

5. FEI Number

APPLIED FOR

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	4 City / State / Zip
DV	GARCIA, PAUL Waldkoetter, Kristina	1860 OLD OKEECHOBEE RD, STE 510 901 NORTHPoint Pkwy #108	WEST PALM BEACH FL 33409 33407
STD	CRUZ, HECTOR Keein, Roy	1860 OLD OKEECHOBEE RD, STE 510 901 NORTHPoint Pkwy #108	WEST PALM BEACH FL 33409 33407
PD	DADDARIO, TOM Wheeler, Andrew	1860 OLD OKEECHOBEE RD, STE 510 901 NORTHPoint Pkwy #108	WEST PALM BEACH FL 33409 33407
			600013515396 03/04/03--01055--018 **236.25
			600013515396 04/25/03--01001--021 **61.25

8. Name and Address of Current Registered Agent

LEOPOLD, NORMAN
20801 BISCAYNE BLVD SUITE 501
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name
Carmicore
Street Address (P.O. Box Number is Not Acceptable)
901 NORTHPoint Pkwy
Ste 108
City
West Palm Beach
State
FL
Zip Code
33407

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

2/26/03

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/03 5616867818

CR2E040 (802)