


PAYC 10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000002529					
1. Corporation Name Summit Foods, Inc. 1					
2. Principal Office Address 15009 N FLA AVE Suite, Apt. #, etc. #301 City & State Tampa, FL Zip 33613			3. Mailing Office Address SAME Suite, Apt. #, etc. City & State City & State Zip Country USA		

FILED

02 NOV -5 PM 2:39

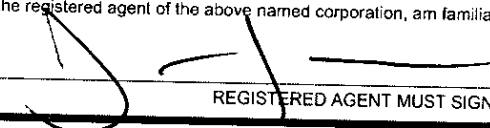
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008801157

11/05/02--01027--014 **300.00

4. Date Incorporated or Qualified To Do Business in Florida 5/08/2000	
5. FEI Number 94-3349936	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Joseph Janezic	
Street Address (P.O. Box Number is Not Acceptable) 4815 E Busch Blvd Suite 113	
Suite, Apt. #, Etc.	
City Tampa	State FL
Zip Code 33613	

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 	Date 10-25-02
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
PST	HARO, Gustavo	15009 N FLA AVE #301	Tampa, FL 33613
		01-02 UBR	1178

10. 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:  GUSTAVO HARO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/29/02 (813)264-7298
Daytime Phone #

CR2E081 (9/01)

paperwork

Summit Foods, Inc.
15009 N Florida Ave Suite 301
Tampa, FL 33613

October 28, 2002

Dear Revenue Agent

*Please file this form, as on time as with Florida statues for undelivered mail.
We never received the reports to file our corporation annual report. Our new
accountant notified us that the report was not filed after checking the computer.
Enclosed is a check for \$300.00. These reports would have been filed on time if
we had received the report.*

Sincerely,



Gustavo Haro
President