

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000004809

FILED
Jul 22, 2005
Secretary of State

Entity Name: SOMMERS COMPANY OF PENNSYLVANIA

Current Principal Place of Business:

3001 PONCE DE LEON BLVD
#265
MIAMI, FL 33134

Current Mailing Address:

3001 PONCE DE LEON BLVD
#265
MIAMI, FL 33134

New Principal Place of Business:

3001 PONCE DE LEON BLVD
#265
CORAL GABLES, FL 33134

New Mailing Address:

3001 PONCE DE LEON BLVD
#265
CORAL GABLES, FL 33134

FEI Number: 23-1875382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN L. SOMMERS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SOMMERS, STEVEN L
Address: 5805 BLUE LAGOON DR SUITE 1315
City-St-Zip: MIAMI, FL 33126

Title: PSTD () Delete
Name: SOMMERS, STEVEN L
Address: 3001 PONCE DE LEON BLVD STE 265
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: RIESNER, ROBERT
Address: 1000 SANDY HILL ROAD
City-St-Zip: NORRISTOWN, PA 19401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: SOMMERS, STEVEN L
Address: 3001 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: PSTD (X) Change () Addition
Name: SOMMERS, STEVEN L
Address: 3001 PONCE DE LEON BLVD STE 265
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN L. SOMMERS

Electronic Signature of Signing Officer or Director

PSTD

07/22/2005

Date