

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 AUG 27 PM 3:54

DOCUMENT # F96000003314

1. Corporation Name

Sommer Industries, Inc.

W04-31071

REINSTATEMENT

00-04

2. Principal Office Address

150 E. Palmetto Park Rd.

Suite, Apt. #, etc.

Suite # 705

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

150 E. Palmetto Park Rd.

Suite, Apt. #, etc.

Suite # 705

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/96

5. FEI Number

061010379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

400039951944

Name

Richard Sommer

08/06/04--01060--003 **790.00

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

150 E. Palmetto Park Rd.

400039951944

08/06/04--01060--004 **600.00

Suite, Apt. #, Etc.

Suite 705

City

Boca Raton

State

FL

Zip Code

33432

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

8/23/2004

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
PTDC	Richard Sommer	150 E. Palmetto Park Rd. Suite 705	Boca Raton, FL 33432
VSD	Ann Sommer	150 E. Palmetto Park Rd. Suite 705	Boca Raton, FL 33432

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/04

Date

Daytime Phone #

561 368 1267

CR2E081 (01/04)