

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -3 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004248

1. Corporation Name

SUMMERVILLE AT LAKE MARY, INC.

Principal Place of Business

Mailing Address

5285 SHAWNEE RD., STE 401
ALEXANDRIA VA 22312-2328

5285 SHAWNEE RD., STE 401
ALEXANDRIA VA 22312-2328



REINSTATEMENT 2000

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

2. New Principal Office Address, If Applicable

3000 Executive Parkway

Suite, Apt. #, etc.

Suite 530

City & State

San Ramon, CA

Zip

94583

Country

USA

3. New Mailing Office Address, If Applicable

3000 Executive Parkway

Suite, Apt. #, etc.

Suite 530

City & State

San Ramon, CA

Zip

94583

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1998

5. FEI Number

52-2132261

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PTD	RAGLAND, RUSSELL D	5285 SHAWNEE RD., STE 401	ALEXANDRIA VA
CSD	HEIMBOLD, ARTHUR	5285 SHAWNEE RD., STE 401	ALEXANDRIA VA
C	Heimbold, Arthur	3000 Executive Parkway, STE 530	San Ramon, CA 94583
CEO	Cobb, Granger	3000 Executive Parkway, STE 530	San Ramon, CA 94583
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVE., STE 200
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

BY: Roxanne D. Monahan, Corp Secy of HQ
REGISTERED AGENT MUST SIGN

Date 11/2/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/00

Daytime Phone #

CR2ED40 (8/00)