

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 31 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G66842

1. Corporation Name

Summit Travel of Kendall, Inc.

REINSTATEMENT 03

300024382963
11/03/03--01077--003 **750.00

2. Principal Office Address

560 Lincoln Road

Suite, Apt. #, etc.

300

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

560 Lincoln Road

Suite, Apt. #, etc.

300

City & State

Miami Beach, FL

Zip

33139

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/26/1983

5. FEI Number

592366593

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

Name

Gary Alexander, CPA

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

263 SW Hatteras Drive

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Oct 25, 2003

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 |
|--------|--------------------------------------|---|--------------------|
| Pres | Susan Lewis | 560 Lincoln Road # 300 | Miami, FL 33139 |
| VP | Jeanette Keister | SAME | SAME |
| | | | |
| | | | |
| | | | |
| | | | |

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

[Signature] Susan Lewis

10/27/03

Date

Daytime Phone #

305 670
6225

CR2E081 (10/02)