

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUL 14 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **C99194**

1. Corporation Name **SUMMA PROPERTIES OF MIAMI, INC.**

Principal Place of Business

Mailing Address

**2 ALHAMBRA PLAZA  
PH II**

**CORAL GABLES, FL 33134**

**SAME**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	JOHN LOWELL, JR.	185 W. SURPRISE DR	CORAL GABLES, FL 33133
			0000002239950--5 -07/16/97--01103--005 ***1008.75 ***1008.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <b>DENNIS OLLE, ESQ</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>201 S. BISCAUVE BLVD</b>	
Suite, Apt. #, Etc. <b>1402</b>	
City <b>MIAMI</b>	State Zip Code <b>FL 33131</b>

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

**Dennis A. Olle**

REGISTERED AGENT MUST SIGN

Date **7-10-97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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

**JOHN LOWELL JR**

Date

Daytime Phone #

**7-7-97**

**305-520-2456**