

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 5:50

DOCUMENT # J90981

1. Corporation Name

SUMMERFIELD'S COLLECTIBLES & FINE GIFTS, INC.

Principal Place of Business

Mailing Address

4900 LINTON BLVD.
DELRAY BEACH FL 33445

4900 LINTON BLVD.
DELRAY BEACH FL 33445



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

09/04/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0003948

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SUMMERFIELD, JACQUES	4900 LINTON BLVD.	DELRAY BEACH FL

200004661702--1
-11/01/01--01005--008
***150.00 ***150.00

10/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUMMERFIELD, JACQUES
4900 LINTON BOULEVARD
DELRAY BEACH FL 33445

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Daytime Phone #

10/17/01 562-499-0668

CR2040 (8/01)

CPA

BRUCE JAY REINGOLD, P.A.

9033 GLADES ROAD, SUITE C
BOCA RATON, FLORIDA 33434
TELEPHONE 561-451-0866 • FACSIMILE 561-487-5691

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

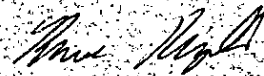
Re: Summerfield's Collectables & Fine Gifts, Inc.
Fed. ID# 65-0003948

Gentlemen:

Enclosed is an application for reinstatement of the corporation. The client was incorporated in September, 1987 and has always received his annual report and always paid the bill on a timely basis. This year he never received the annual report and therefore never made the payment. I spoke to the Florida Department of State, they advised to me to send a check for \$150 and explain to the state that we never received the report.

Thanking you in advance for your attention and consideration in this matter, I remain,

Very truly yours,



Bruce Reingold, CPA

JACQUES SUMMERFIELD, PRESIDENT

