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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 30 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT #

1. Limited Liability Company's Name
SUMMIT MANAGEMENT GROUP, LLC

2. Principal Office Address	3. Mailing Office Address
4258 NW 64th Lane	4258 NW 64th Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33496 Country: USA	Zip: 33496 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/12/2004

6. FEI Number: Applied For [ ] Not Applicable [X]

7. CERTIFICATE OF STATUS DESIRED [ ]

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston State: FL Zip Code: 33331

9. I, having appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Irene F. Netta, Irene F. Netta Asst Secy of NRAI Services, Inc Date: 11/29/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HAROLD REISNER	4258 NW 64th Lane	Boca Raton, Fl 33496
	REINSTATEMENT 2005		
			900051957979 12/06/05--01033--025 **150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [signature] Date: 11/29/05 Daytime Phone #: 561-997-0351

Typed or printed name of signing Managing Member/Manager: Harold Reisner