

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUN 19 AM 11:40

DOCUMENT # L04000073127

1. Limited Liability Company's Name

Summit Construction Management, LLC

800236507918
06/18/12--01029--007 **\$16.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

2837 Flight Safety Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2837 Flight Safety Drive

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32960

Country

USA

Zip

32960

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

10/08/2004

6. FEI Number

562484829

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **William B. Schuh**

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

939 West Polo Grounds Drive

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32960

E-mail Address:

christy@summitcm.net

(To be used for future annual report notices)

9. I, being 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

Date **5/11/12**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	William B. Schuh, Jr.	939 West Polo Grounds Drive	Vero Beach FL 32960
	REINSTATEMENT	<u>2010-2012</u>	JUN 20 2012
			T. HAMPTON

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 608.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

Signature of Managing
Member/Manager

Date **5/11/12**

Daytime Phone # **772-794-2099**

Typed or printed name of signing Managing Member/Manager