

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L13000072203

1. Limited Liability Company's Name

SUMMIT CAPITAL, LLC

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

800 SE 20th AVE

Suite, Apt. #, etc.

# 302

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

3. Mailing Office Address

800 SE 20th AVE

Suite, Apt. #, etc.

# 302

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

5/16/13

6. FEI Number

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

ANTHONY J. LUDOVICI

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

800 SE 20th AVE

Suite, Apt. #, Etc.

# 302

City

DEERFIELD BEACH

State

FL

Zip Code

33441

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Anthony J. Ludovici*

Date 11-15-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	<del>JACQUELINE A. LUDOVICI</del>	<del>800 SE 20th AVE # 302</del>	<del>DEERFIELD BEACH, FL 33441</del>
AR	ANTHONY J. LUDOVICI	800 SE 20th AVE # 302	DEERFIELD BEACH, FL 33441
AR	JACQUELINE A. LUDOVICI	800 SE 20th AVE # 302	DEERFIELD BEACH, FL 33441
S. HAWKES			DEC 09 A.M.
REINSTATEMENT			EXAMINER
2014			

11. E-mail Address: FI4NOODLE@GMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Anthony J. Ludovici*

Date 11-15-14

Daytime Phone # 561-302-1725

Typed or printed name of signing Authorized Representative/Manager

ANTHONY J. LUDOVICI