



95000000360

ACCOUNT NO. : 072100000032

REFERENCE : 479784 81686A

AUTHORIZATION : Patricia Pizzini

COST LIMIT : \$ 308.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 NOV 18 PM 12:20

FILED

ORDER DATE : November 12, 1999

ORDER TIME : 3:38 PM

ORDER NO. : 479784-005

CUSTOMER NO: 81686A

CUSTOMER: Edgar Lewis, Esq  
Keith Mack, Llp  
20th Floor  
200 South Biscayne Boulevard  
Miami, FL 33131

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 NOV 18 AM 11:37

RECEIVED

DOMESTIC FILINGS

NAME: SUMMERBROOK WEST, L.C.

100003048611--1

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 NOV 17 PM 4:42

RECEIVED

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV 18 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11/18

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company **DOCUMENT #** L95000000360

SUMMERBROOK WEST, L.C.  
Suite 500  
9200 S. Dadeland Blvd.  
Miami, FL 33156

1a. Principal Place of Business Address

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business  
same

2a. Mailing Address  
same

3. Date Organized or Qualified  
05-11-95

3a. State of Formation  
Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For  
☐ Not Applicable

City & State

City & State

58-2181321

Zip

Country

Zip

Country

5. Date of Last Report

1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

KEY CORPORATE SERVICES, INC.  
20th Floor  
200 S. Biscayne Blvd.  
Miami, FL 33131

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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.  
KEY CORPORATE SERVICES, INC.

Signature of  
Registered Agent

Edgar Lewis President

Date 11-10-99

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MM	EquityLine Financial Group, Inc.	9200 S. Dadeland Blvd. #500 Miami, FL 33156	Miami, FL 33156

1996 - 1999  
**REINSTATEMENT**  
C05

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. EquityLine Financial Group, Inc.

Signature of  
Managing Member/Manager

Date 11/10/99

Daytime Phone # (305) 358-7605

Typed or printed name of signing Managing Member/Manager

ROBERT SPIELMAN, President