

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000000249

1. Corporation Name

The Summit Series, LLC

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

333 Park Avenue S.

Suite, Apt. #, etc.

5th Floor

City & State

New York, NY

Zip

10010

Country

USA

3. Mailing Office Address

333 Park Avenue S.

Suite, Apt. #, etc.

5th Floor

City & State

New York, NY

Zip

10010

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

January 13, 2012

5. FEI Number

26-3276661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

200291428862

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Melissa Zender

Asst. Vice President

Date

10/19/16

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Matt Britton	333 Park Ave S	NY, NY 10010
Chair	Elliott Bisnow	3923 N Wolf Creek Dr	Eden, UT 84310
Partn.	Jeff Rosenthal	3632 N Wolf Creek Dr.	Eden, UT 84310
Partn	Brett Leve	3923 N Wolf Creek Dr.	Eden, UT 84310

10. E-mail Address: dan@summit.co

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, 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 s.817.155, F.S.

SIGNATURE:

David Blatt

10/18/16

508-494-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 338396 8113365

AUTHORIZATION

COST LIMIT : \$ 238.75

ORDER DATE : October 19, 2016

ORDER TIME : 2:51 PM

ORDER NO. : 338396-005

CUSTOMER NO: 8113365

REINSTATEMENT

NAME: THE SUMMIT SERIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
16 OCT 19 PM 4:21