

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03000000740**

1. Corporation Name

**Summit Debt Management, Inc.**

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

**1307 International Parkway South**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

**Suite 1071**

Suite, Apt. #, etc.

City & State

**Lake Mary, FL**

City & State

Zip

**32746**

Country

**US**

Zip

Country

7. Name and Address of Current Registered Agent

**Wendy Hopper**

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

**1307 International Parkway South**

Suite, Apt. #, Etc.

**Suite 1071**

City

**Lake Mary**

State

**FL**

Zip Code

**32746**

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

*Wendy Hopper*

REGISTERED AGENT MUST SIGN

Date

*2/6/07*

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
D	Wendy Hopper	30 Stone Gate South	Longwood, FL 32779
D	Kathy Imhof	11 Sibley Place	Huntington Station, NY 11746
D	Tammy Stamm	81 Jefferson Road	Farmingdale, NY 11735

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

*Wendy Hopper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/27/2007*

800-883-6926

Daytime Phone #

**FILED**

07 FEB 12 PM 2:56

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

800088909338  
02/21/07--01030--028 \*\* 8.75

800088909338  
02/21/07--01030--029 \*\*358.75

CR2E081 (1/07)

*04-07*

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/22/2003**

5. FEI Number

**20-8212246**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

*nc 2/14*