PAGE 1 OF 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 OCT 18 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # N06000005343

1. Corporation Name
SUMMIT VILLAS CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o FMP Management	(SAME)
Suite, Apt. #, etc. 4010 South 57TH AVE,	Suite, Apt. #, etc. Suite 204
City & State Lakeworth, FL	City & State
Zip 33463 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5-15-2006

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional fee required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: Robert B. Burr, Esq., St. John, Rossin Burr + Lemme PLLC

Street Address (P.O. Box Number is Not Acceptable): 1601 Forum Place, Suite 700

Suite, Apt. #, Etc.: Suite 700

City: West Palm Beach State: FL Zip Code: 33401

400213416034
10/18/11--01029--003 **463.75

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: Robert B. Burr Date: 10-11-11
REGISTERED AGENT MUST SIGN

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
P	Miguel Molina	4010 South 57TH AVE	Lake Worth FL 33463
T	Christina Velazquez	Suite 204	" "
S	Eliana Molina	" "	" "
	REINSTATEMENT		08-12
			B 10/19/11

10. E-mail Address: FMP Michelle@aol.com
(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: Eliana Molina, Corporate Secretary and Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-11
Date

561 721 3511
Daytime Phone #

PAGE 2 of 2

ST. JOHN ROSSIN BURR & LEMME, PLLC

LAW OFFICES

DAVID ST. JOHN
ALLEN E. ROSSIN*
THERESA M. LEMME
ROBERT BURR
GILBERT MOORE
TYLER POWELL
CHELLÉ KONYK
JOSEPH D. LEE
JOSEF M. FIALA

*Board Certified Civil Trial Lawyer

OF COUNSEL
THOMAS E. ROSSIN
CARI A. PODESTA

FIRM ADMINISTRATOR
ALBERT J. FIELDER, JR.

October 13, 2011

Division of Corporations
Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314

Re: Summit Villas Condominium Association, Inc.

Dear Division of Corporations:

We represent the Summit Villas Condominium Association, Inc. The Association wishes to become reinstated. Enclosed please find the following:

1. Signed Corporation Reinstatement form;
2. Copy of SS-4 application for employer identification number;
3. Check number 1940 in the amount of $463.75. Included in the funds submitted are funds for a certificate of status.

Please reinstate the corporation and send us the certificate of same. If you have any questions, please do not hesitate to contact me. Time is of the essence in this matter.

Very truly yours,

ROBERT B. BURR
For the Firm

Enclosures
cc: Summit Villas Condominium Association, Inc. with enclosures