PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2011-2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAY -7 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000010772

1. Corporation Name

SUMMERLAND PALMS CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1010 Kennedy DR	1010 Kennedy DR
Suite, Apt. #, etc.: 302	Suite, Apt. #, etc.: 302
City & State: KEY WEST FL.	City & State: KEY WEST FL
Zip: 33040 Country: USA	Zip: 33040 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 11/2/2007

5. FEI Number: 263645162 (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: JOHN ALLISON
Street Address (P.O. Box Number is Not Acceptable): 1010 Kennedy DR
Suite, Apt. #, Etc.: 302
City: KEY WEST State: FL Zip Code: 33040

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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 _____ Date 4/30/14
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	PRITAM SINGH	1010 Kennedy DR #302	Key West FL 33040
VP	JIWAN NOAH SINGH	1010 Kennedy DR #302	Key West FL. 33040

10. **E-mail Address:** _____
(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON