PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -8 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20704

1. Corporation Name
SUMMER PLACE HOMEOWNERS ASSOCIATION INC

REINSTATEMENT 04-05
10/26/04 01053 003 61.25

2. Principal Office Address	**3.** Mailing Office Address
2771 SUMMERDALE DR	2771 SUMMERDALE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	UNIT 16
City & State	City & State
CLEARWATER FL	CLEARWATER FL
Zip / Country	Zip / Country
33761	33761

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: NOT APPLICABLE — ☐ 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: JUDITH KEMMERER

Street Address (P.O. Box Number is Not Acceptable): 2771 SUMMERDALE DR #[illegible]

800044408558
01/10/05--01033--013 **175.00

Suite, Apt. #, Etc.: Unit 16

700046928547
03/21/05--01035--012 **61.25

City: CLEARWATER FL | State: FL | Zip Code: 33761

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: Judith Kemmerer — REGISTERED AGENT MUST SIGN — Date: 12/20/04

CR2E081 (01/04)

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/D	Susan ABLES	2771 Summerdale Dr #15	Clearwater FL 33761
VP	Kandice Carpenter	2771 Summerdale Dr #12	Clearwater FL 33761
S/D	Sharolyn Jennings	2771 Summerdale Dr #4	Clearwater FL 33761
T	Anna Lee Flinn	2771 Summerdale Dr #5	Clearwater FL 33761
D	Judith Kemmerer	2771 Summerdale Dr #9	Clearwater FL 33761
D	Carrie White	2771 Summerdale Dr #13	Clearwater FL 33761

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 under section 119.07(3)(i), 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: Anna Lee Flinn Treasurer — 12/20/04 — 7277233088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #