

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 03 2000 8:00 am
Secretary of State

DOCUMENT # N98000006137

1. Corporation Name

SUMMIT CONSULTING CHARITABLE FOUNDATION, INC.

Principal Place of Business

3730 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33813

Mailing Address

3730 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33813

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 1999

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1998

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JACOBS, DALE G	3730 CLEVELAND HEIGHTS BLVD	LAKELAND FL 33813
D	BULL, WILLIAM B	3730 CLEVELAND HEIGHTS BLVD	LAKELAND FL 33813
D	BULL, GEORGA C	3730 CLEVELAND HEIGHTS BLVD	LAKELAND FL 33813
-D	DOCKERY, C C	3730 CLEVELAND HEIGHTS BLVD	LAKELAND FL 33813

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8. Name and Address of Current Registered Agent

JACOBS, DALE G
3730 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33813

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/24/99

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/24/99

Daytime Phone #

CR2E040 (1/99)