

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 17 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000039781

1. Corporation Name

Summit Quarkeys Inc

500030932965
03/23/04--01069--016 ***308.75

2. Principal Office Address

2400 E. Las Olas Blvd

3. Mailing Office Address

2400 E. Las Olas Blvd

Suite, Apt. #, etc.

#271

Suite, Apt. #, etc.

#271

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

Broward

Zip

33301

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/01

5. FEI Number

65-1101719

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

Daniel Wiesel

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

2400 E Las Olas Blvd #

Suite, Apt. #, Etc.

#271

City

Ft Lauderdale

State

FL

Zip Code

33301

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

[Signature]

Date

3/12/04

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
D	Daniel Wiesel	2400 E Las Olas Blvd	Ft Lauderdale FL 33301
D	Alysa Wiesel	2400 E Las Olas Blvd	Ft Lauderdale FL 33301

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04

Date

954-467-0650

Daytime Phone #

CR2E081 (01/04)

2 of 2

Summit Quarters, Inc.

2400 E. Las Olas Blvd., #271
Ft. Lauderdale, FL 33301

Hand Delivery

March 8, 2004

Department of State
Division of Corporations
409 East Gains Street
Tallahassee, FL 32399

RE: Summit Quarters, Inc.

Dear Sir or Madam:

Please be advised that we did not receive our 2003 Annual Uniform Business Report. Our correct address is 2400 E. Las Olas Blvd., #271, Ft. Lauderdale, FL 33301.

Please accept this ^{308.15}~~\$158.75~~ to reinstate and issue a Certificate of Good Standing.

Thank you,

Summit Quarters, Inc.



Dan Wiesel, President