

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 04 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000068850

1. Corporation Name

Summit Ventures, Inc

2. Principal Office Address

809 E Bloomingdale Ave

Suite, Apt. #, etc.

404

City & State

Brandon FL

Zip

33511

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business In Florida

6/14/02

5. FEI Number

11-3643173

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

Jeffrey Puglisi

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

809 E Bloomingdale Ave

Suite, Apt. #, Etc.

Suite 404

City

Brandon

State

FL

Zip Code

33511

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

Jeffrey Puglisi, President
REGISTERED AGENT MUST SIGN

Date 12/29/04

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
<u>President</u>	<u>Jeffrey Puglisi</u>	<u>809 E Bloomingdale Ave</u>	<u>Brandon FL 33511</u>
		<u>Suite 404</u>	

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:

Jeffrey Puglisi, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/04
Date

83-654-6583
Daytime Phone #

2052

Florida Department of State
Division of Corporations
December 29th, 2004

RE: dissolution/Summit Ventures, Inc

To Whom It May Concern,

Enclosed is a reinstatement form for the year 2003. I did call your office and was told that the fee for 2004 would only be \$150 since you have a returned mailing. I have also been instructed to file for 2005 at this time therefore I am enclosing a check in the amount of \$300. for both 2004 and 2005.

My correct address and phone number are listed on the reinstatement.

My attorney brought this dissolution to my attention as he prepared to transact business in my company name therefore I would appreciate my corporation being re-opened quickly so that the real estate transaction may take place on time.

Thank you for your consideration in this matter.

Sincerely,

Jeffrey Puglisi, President

Jeffrey Puglisi
President, Summit Ventures, Inc
11-3643173
809 E Bloomingdale Ave
Suite 404
Brandon, FL 33511
813-654-6583