

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC -4 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097460

1. Corporation Name

Cummings Holdings, Inc.

2. Principal Office Address - No P.O. Box #

2611 Hammondville Road

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Office Address

2611 Hammondville Road

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

REINSTATEMENT 03-09

200163089812

11/24/09--010401-0259 **1050.00

Roberts DEC 04 2009

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/2002

5. FEI Number

30-0110279

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

Roy S. Cummings

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

7600 Fairway Trail

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Roy S. Cummings

REGISTERED AGENT MUST SIGN

Date 11/16/2009

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	Matthew R. Cummings	22084 Woodset Way	Boca Raton, FL 33428
S/T	Roy S. Cummings	7600 Fairway Trail	Boca Raton, FL 33487

10. E-mail Address: matthew@cummingsleasing.com

(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., 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.

SIGNATURE:

Roy S. Cummings Roy S. Cummings /P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/2009 954-444-7944

Date

Daytime Phone #