


# 2004 FOR PROFIT CORPORATION REINSTATEMENT


<b>DOCUMENT # P03000104329</b> 1. Entity Name <b>SUMMERVILLE HOMES INCORPORATED</b>	
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FILED  
 04 NOV -9 PM 3: 16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>519 N.W. 161 AVE.                  PEMBROKE PINES, FL 33028</b>	Mailing Address <b>519 N.W. 161 AVE.                  PEMBROKE PINES, FL 33028</b>
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2. Principal Place of Business <b>15841 PINES BLVD.                  Suite, Apt. #, etc. #119</b>	3. Mailing Address <b>15841 PINES BLVD.                  Suite, Apt. #, etc. #119</b>
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City & State <b>PEMBROKE PINES, FL</b>	City & State <b>PEMBROKE PINES, FL</b>
Zip Country <b>33027 USA</b>	Zip Country <b>33027 USA</b>

	10182004	REIN-P	CR2E098 (6/04)
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired			<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>WINT, IAN                  519 N.W. 161 AVE.                  PEMBROKE PINES, FL 33028</b>
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7. Name and Address of New Registered Agent Name <b>M/A</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **IAN WINT VP** *[Signature]* **11/3/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PRESIDENT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORREL WINT			NAME	200042610852		
STREET ADDRESS	519 NW 161 Ave.			STREET ADDRESS	11/09/04--01090--001 **158.75		
CITY-ST-ZIP	PEMBROKE PINES FL 33028			CITY-ST-ZIP			
TITLE	V-PRESIDENT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IAN WINT			NAME			
STREET ADDRESS	519 NW 161 Ave.			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33028			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **IAN WINT** *[Signature]* **11/3/04** **954.430.5452**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #