

2005 FOR PROFIT CORPORATION REINSTATEMENT

MA

DOCUMENT # P03000116232

1. Entity Name
SILVER SUMMIT, INC.

FILED
05 MAY 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 663 42ND STREET SARASOTA, FL 34234	Mailing Address 663 42ND STREET SARASOTA, FL 34234
--	--

2. Principal Place of Business 2501 IXORA AVE <small>Suite, Apt. #, etc.</small>	3. Mailing Address 2501 IXORA AVE <small>Suite, Apt. #, etc.</small>
---	---

05062005 REIN-P CR2E098 (6/04)

City & State SARASOTA FL	City & State SARASOTA FL
Zip 34234	Country

4. FEI Number 20-0311766	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent

**TOTH, MARIA E
663 42ND STREET
SARASOTA, FL 34234**

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
--

7. Name and Address of New Registered Agent

Name **MAKIA E Toth**

Street Address (P.O. Box Number is Not Acceptable)
2501 IXORA AVE

City **SARASOTA** FL Zip Code **34234**

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 *MA* **MARIA E. TOTH** DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOTH, MARIA E 663 42ND STREET SARASOTA, FL 34234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOTH, MARIA E 663 42ND STREET SARASOTA, FL 34234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOTH, MARIA E 663 42ND STREET SARASOTA, FL 34234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Toth, MARIA E 2501 IXORA AVE SARASOTA FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Toth, MARIA E 2501 IXORA AVE SARASOTA FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Toth, MARIA E 2501 IXORA AVE SARASOTA FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MA* **MARIA E. TOTH** Date 941.780.7738 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR