

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000114660

1. Corporation Name

SUMMIT MANAGEMENT CORPORATION, INC.

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

124 Bianca Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Zip

Country

33418 USA

Zip

Country

700243013207
12/21/12--01033--003 **1058.75
10-12 CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
9/5/2006

5. FEI Number
205530994

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes. No. \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul A. Krasker

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

501 South Flagler Drive, Suite 201

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

FILED
DEC 21 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

R

Date 12/17/2012

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
P	Michael Integlia, Jr.	124 Bianca Drive	Palm Beach Gardens, FL 33418
VP	Michael Integlia, III	124 Bianca Drive	Palm Beach Gardens, FL 33418
S	Michael Integlia, Jr.	124 Bianca Drive	Palm Beach Gardens, FL 33418

S. HAWKES
DEC - 2012
EXAMINER

10. E-mail Address: Minteglia2@integliaco.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten Signature]

MICHAEL INTEGILIA, JR. 12/18/12

1-401-274-3600

SIGNATURE MUST BE PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #