

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 94000029523

1. Corporation Name

THE SUMMERLAND GROUP INC.

Principal Place of Business

3451 S.E. COURT DRIVE
STUART FLORIDA 34997

Mailing Address

3451 S.E. COURT DRIVE
STUART FLORIDA 34997

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

APRIL 15, 1994

5. FEI Number

65-0492011

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D/P/T	CYNTHIA GURIN	3451 S.E. COURT DRIVE	STUART, FLORIDA 34997
D/S	ROBERT GURIN	3451 S.E. COURT DRIVE	STUART, FLORIDA 34997

600002751396--3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT GURIN
3451 S.E. COURT DRIVE
STUART, FLORIDA 34997

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date JANUARY 20, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYNTHIA GURIN

JANUARY 20, 1999

Date

(561) 219-0455

Daytime Phone #

REINSTATEMENT

FILED

99 JAN 22 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97.99
1/22/99

CR2E081 (12/98)



ACCOUNT NO. : 072100000032

REFERENCE : 108697 7174924

AUTHORIZATION :

COST LIMIT : \$ 1058.75

ORDER DATE : January 22, 1999

ORDER TIME : 10:44 AM

ORDER NO. : 108697-005

CUSTOMER NO: 7174924

CUSTOMER: Ms. Cynthia Gurin
The Summerland Group Inc.
3451 Southeast Court Drive

Stuart, FL 34997

DOMESTIC FILINGS

NAME: THE SUMMERLAND GROUP INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds
EXAMINER'S INITIALS _____

DIVISION OF CORPORATION

99 JAN 22 AM 11:24

RECEIVED