

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 95-97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 MAY 20 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061520

1. Corporation Name Summit Entertainment, Inc.

Principal Place of Business Mailing Address  
7501 Pembroke Road Suite 2  
Pembroke Pines, Florida 33023

**REINSTATEMENT 95-97**

*A. Alan*  
*5/20/97*

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		4. Date Incorporated or Qualified To Do Business in Florida <u>1994</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
C/D	Frank D'Allessandro	8881 N.W. 6th Street	Pembroke Pines, FL. 33024
			900002192989--9 -05/28/97--01044--002 ***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

Tolga Katsas  
7630 Westwood Drive #316  
Tamarac, Florida 33321

9. Name and Address of New Registered Agent

Name  
**Frank D'Allessandro**

Street Address (P.O. Box Number is Not Acceptable)  
**8881 N.W. 6th Street**

Suite, Apt. #, Etc.

City  
**Pembroke pines, Florida** State **FL** Zip Code **33024**

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

*Frank D'Allessandro*

Date

5/16/97

REGISTERED AGENT MUST SIGN

11/ Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Frank D'Allessandro*  
**Frank D'Allessandro**

Date

5/16/97

Daytime Phone #

954-963-9996

CR2E040 (12/96)