PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 132

CORPORATION REINSTATEMENT

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

FILED
02 JUN 15 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/25/02--01058--015
****458.75 ****458.75

DOCUMENT # P95000070985

1. Corporation Name
SUMNER GROUP OF COMPANIES, INC.

2. Principal Office Address	3. Mailing Office Address
17940 N. MILITARY TRAIL	17940 N. MILITARY TRAIL
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.: 300
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33496 Country: USA	Zip: 33496 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/11/1995

5. FEI Number: 650656523 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: BRUCE GORDON

Street Address (P.O. Box Number is Not Acceptable): 20828 DEL LUNA DR.

Suite, Apt. #, Etc.:

City: BOCA RATON State: FL Zip Code: 33433

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: B Q
REGISTERED AGENT MUST SIGN

Date: 7/11/02

CR2E081 (9/01)

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/S/TD	BRUCE GORDON	20828 DEL LUNA DR.	BOCA RATON, FL 33433

10. 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: B Q BRUCE GORDON 7/11/02 561-998 0705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TO WHOM IT MAY CONCERN 7/11/02

WE DIDN'T KNOW WE WERE NOT ACTIVE, WE HAVEN'T BEEN GETTING OUR DOCUMENTS. WHEN I CALLED WE RELIZED THE STATE DEPARTMENT HAD THE WRONG ADDRESS. WE MOVED OUR PRINCIPAL OFFICES TWO YEARS AGO.

SINCERELY

BG

BRUCE GORDON

SUMNER GROUP OF COMPANIES INC.

Charter Number Only

7-12-02 Evelyn

Requestor's Name Atlantic

Address

City State ZIP Phone

1592B

VALIDATION ONLY

CORPORATION(S) NAME

Summer Group of Companies, Inc.

FILED
02 JUL 15 AM 9:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies (X) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier