

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000069450

1. Corporation Name

SUMMIT-ARGO, INC.

Principal Place of Business

220 SUNRISE AVENUE
SUITE 211
PALM BEACH FL 33480
SU

Mailing Address

220 SUNRISE AVENUE
SUITE 211
PALM BEACH FL 33480
US

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

2. New Principal Office Address, If Applicable

APT. #1
SUITE, Apt. #, etc.
315 COCOANUT ROW

3. New Mailing Office Address, If Applicable

315 COCOANUT ROW
SUITE, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1998

5. FEI Number

65-0864746

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	4 City / State / Zip
PD	ALLISON, ANNETTE D	220 SUNRISE AVENUE 315 COCOANUT ROW	PALM BEACH FL 33480
VPD	ALLISON, J. RICHARD	220 SUNRISE AVENUE 315 COCOANUT ROW	PALM BEACH FL 33480

900004674739--1
-11/13/01--01004--020
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLISON, J. RICHARD
220 SUNRISE AVENUE
SUITE 211
PALM BEACH FL 33480

Name
J. Richard Allison
Street Address (P.O. Box Number is Not Acceptable)
315 COCOANUT ROW
Suite, Apt. #, Etc.
APT. #1
City
Palm Beach
State
FL
Zip Code
33480

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

J. Richard Allison
REGISTERED AGENT MUST SIGN

Date

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., 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:

J. Richard Allison
Annette Allison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/01 561-805-5888
10/22/01 561-805-5888

PRK 2/2

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM → P.O. BOX 6327 FEI # 65-68647-46

SUMMIT-ARGO - DOCUMENT # 998000069450

RE: REQUEST FOR REINSTATEMENT OF CORP. AND WAIVING
OF THE LATE FEE OF \$600.00.

ENCLOSED IS MY CHECK FOR \$150.00 AND
A COMPLETED APPLICATION FOR REINSTATEMENT.

UNFORTUNATELY WE MOVED ~~ON~~ LAST MAY
AND DID NOT INFORM YOU OF OUR ADDRESS
CHANGE. AS A RESULT WE NEVER RECEIVED
~~ON~~ ANY CORRESPONDENCE.

MY WIFE AND I ARE BOTH RETIRED
SENIOR CITIZENS AND NOT IN GOOD HEALTH.
THE \$600 ~~RE~~ REINSTATEMENT FEE WOULD BE
FINANCIALLY DISTRESSING TO US AT THIS TIME.

OUR NEW ~~ON~~ ADDRESS FOR ALL
FUTURE CORRESPONDENCE IS AS FOLLOWS:

SUMMIT-ARGO INC.
315 COCONUT ROW
APARTMENT # 1
PALM BEACH, FL. 33480

ANY CONSIDERATION YOU CAN GIVE US
WOULD BE MOST APPRECIATED.
THANK YOU,
A. P. COO.