

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000002710**

1. Corporation Name

**SUMMIT CONSULTING GROUP, INC.**

Principal Place of Business

Mailing Address

2740 NW 27TH TERRACE  
BOCA RATON FL 33434

2740 NW 27TH TERRACE  
BOCA RATON FL 33434

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

01/08/1999

5. FEI Number

65-0895562

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
CEO	LUCE, JOHN	2740 NW 27TH TERRACE	BOCA RATON FL 33434
P	LUCE, JOHN	2740 NW 27TH TERRACE	BOCA RATON FL 33434
T	LUCE, JOHN	2740 NW 27TH TERRACE	BOCA RATON FL 33434
S	<del>LUCE, JOHN</del> Luce, Helen	2740 NW 27TH TERRACE	BOCA RATON FL 33434
D	Jui, Ann	5780 Via De La Plata Circle	Delray Beach, FL 33484

8. Name and Address of Current Registered Agent

BOVI, DAVID M  
324 DATURA STREET  
SUITE 200  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*David M. Bovi*  
REGISTERED AGENT MUST SIGN

Date

10/5/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John C. Luce*

Date

10/6/03

Daytime Phone #

(561) 558 9757

CR2E040 (7/03)

October 7, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

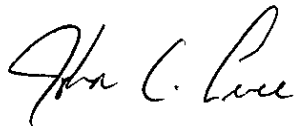
To whom it may concern:

I did not receive my Uniform Business Report application for 2003. I am requesting that you waive the reinstatement fee for my company. I have enclosed a check for \$150.00 made payable to the Department of State.

This situation is very unfortunate and I explained my predicament to a customer service representative over the telephone. I have followed her instructions and hope that I will be reinstated as soon as possible. If you have any questions, I may be reached at 561 558 9757.

Sincerely,

**SUMMIT CONSULTING GROUP**

A handwritten signature in cursive script, appearing to read "John C. Luce".

John C. Luce, President