

PLEASE READ ALL INSTRUCTIONS BEFORE CC

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000027674**

**1. Corporation Name**

**SUMMIT CONSTRUCTION SERVICES, INC.**

**2. Principal Office Address**

**1699 OLD TITUSVILLE RD**

Suite, Apt. #, etc.

**City & State**

**DELTONA FL**

**Zip**

**32725**

**Country**

**USA**

**3. Mailing Office Address**

**1699 OLD TITUSVILLE RD**

Suite, Apt. #, etc.

**City & State**

**DELTONA, FL**

**Zip**

**32725**

**Country**

**USA**

**500054747005**  
**05/18/05--01003--016 \*\*943.75**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**4-15-1999**

**5. FEI Number**

**59-3567243**

**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**

**TRENTON ROEBUCK**

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

**1699 OLD TITUSVILLE RD.**

Suite, Apt. #, Etc.

**City**

**DELTONA**

**State**

**FL**

**Zip Code**

**32725**

**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

*Trenton Roebuck*

REGISTERED AGENT MUST SIGN

Date **5/3/05**

**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	TRENTON ROEBUCK	1699 OLD TITUSVILLE RD	DELTONA, FL 32725
V	DENISE ROEBUCK	1699 OLD TITUSVILLE RD	DELTONA, FL 32725
S	TRENTON ROEBUCK	1699 OLD TITUSVILLE RD	DELTONA, FL 32725
T	TRENTON ROEBUCK	1699 OLD TITUSVILLE RD	DELTONA, FL 32725

**REINSTATEMENT 00-05**

**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:**

*Trenton Roebuck*

**TRENTON ROEBUCK**

Date

**5/3/05**

Daytime Phone #

**386-575-2950**

Mr. Trenton Roebuck  
1699 Old Titusville Road  
Deltona, FL 32725

May 3, 2005

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

Re: Summit Construction Services, Inc.

To Whom It May Concern:

Enclosed is a reinstatement application for my corporation. I discussed this by phone with your office, as did my tax preparer trying to assist me. You asked me to remind you in this letter, that you have in my file my Year 2000 Annual Report Renewal marked "returned as undeliverable" and therefore the \$600.00 fine should be waived. I've also enclosed a name change amendment since my old corporation name is no longer available. The filing fees of \$150.00 per year for a total of \$900.00 plus the \$35.00 amendment fee and the \$8.75 charge for a certificate are enclosed in one check for a total of \$943.75.

If you have any questions, or if I need to do anything else, please feel free to contact me at 386-575-2950 or my cell phone 386-747-2843. You may also discuss this with my tax preparer, Cathy Ziolkowski, at 386-860-5500.

Thank you,

A handwritten signature in black ink, appearing to read "T. Roebuck", written in a cursive style.

Trenton Roebuck