

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000036628

1. Corporation Name

Summitt Telecommunications Consulting, Inc.

2. Principal Office Address

1036 Staghorn Street

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

USA

3. Mailing Office Address

1036 Staghorn Street

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

USA

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

4/19/99

5. FEI Number

364291716

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED
03 DEC 15 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100025485751
12/15/03--01011--009 **\$8.75

100025485751
12/15/03--01011--008 **\$450.00

7. Name and Address of Current Registered Agent

Name

Andrew B. Blasi

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

7777 Glades Road

Suite, Apt. #, Etc.

Corporate Centre at Boca Raton, Suite 110

City

Boca Raton

State

FL

Zip Code

33434

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

REGISTERED AGENT MUST SIGN

Date

12/5/03

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	Lloyd Knevelbaard	1036 Staghorn Street	Wellington, Florida 33414

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-2003

Date

813-753-7730

Daytime Phone #

CR2E081 (10/02)

TR

VIA CERTIFIED MAIL NO. 7178 2295 9010 0000 2652
RETURN RECEIPT REQUESTED

December 3, 2003

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

Re: Summitt Telecommunications Consulting, Inc.
(Reinstatement Application)

Dear Sirs:

Please find the enclosed Corporation Reinstatement application for Summitt Telecommunications Consulting, Inc.

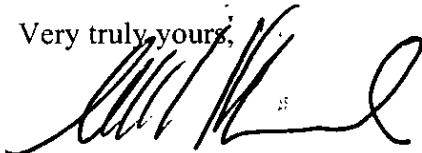
I respectfully request the waiver of any late fees with this application due to the fact that I did not receive any notices for the year 2001. Your office advised me that it received notification that said notices were returned as undeliverable due to an address error.

Accordingly, I have enclosed a check in the amount of \$450 payable to the Florida Department of State for the necessary reinstatement fees. Additionally, I have enclosed a separate check in the amount of \$8.75 as payment for the requested Certificate of Status indicated on the application.

If you have any questions regarding this application, please contact my attorney David Eltringham of Shapiro, Blasi & Wasserman, P.A., at (561) 477-7800.

Thank you for considering this application for reinstatement and request for waiver of late fees.

Very truly yours,



Lloyd Knevelbaard
President of Summitt Telecommunications, Consulting Inc.

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