

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 29 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000109593**

1. Corporation Name

SUMMIT USA, INC.

2. Principal Office Address

10250 SW V6 ST

3. Mailing Office Address

10250 SW V6 ST

Suite, Apt. #, etc.

D-202

Suite, Apt. #, etc.

D-202

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33165

Country

Zip

33165

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1999

5. FEI Number

65-1026414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03

7. Name and Address of Current Registered Agent

Name

HERNANDEZ, WALFREDO A

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

10250 SW V6 ST

200018939892

05/14/03--01051--008 **300.00

Suite, Apt. #, etc.

D-202

City

MIAMI

State

FL

Zip Code

33165

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

W. J. Ling

REGISTERED AGENT MUST SIGN

Date **04/24/03**

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
DP	HERNANDEZ, WALFREDO A	10250 SW V6 ST, STE D-202	MIAMI, FL 33165
DS	HERNANDEZ, REBECA R	10250 SW V6 ST, STE D-202	MIAMI, FL 33165

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:

W. J. Ling

WALFREDO A. HERNANDEZ

04/24/03 (305) 2276587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

B

20f2

April 24, 2003

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

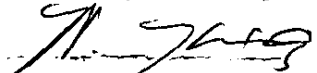
ATTN: Barbara
RE: Summit USA Inc.
P99000109593

Dear Sirs:

According to your instructions per our phone conversation we include a check in the amount of \$300. to cover the fees for years 2002 and 2003.

As per our conversation we sent a letter (copy enclosed) notifying of our change of address. We did not receive any forms or confirmation that it was received by your department

We hereby attach signed Application for Reinstatement with a check for \$300.


Walfredo A. Hernandez
10250 SW 56 ST D-202
Miami, FL 33165
305-227-6587