PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

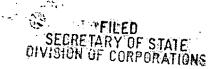
DOCUMENT #

1. Corporation Name

SUMMER SYSTEMS, INC.

Principal Place of Business

Mailing Address



01 DEC 28 PM 4: 00

1303 W BASE ST MADISON FL 32340 US			1303 W. BASE ST. MADISON FL 32340 US							
	•				D.	CINIST	ATEMEN		01	
If above addresses are incorrect in any way, line thro New Principal Office Address, If Applicable			ough incorrect information and enter correction below 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 09/17/1992				
Suite, Apt. #, etc.			Suite, Apt. #, etc.							4
City & State			City & State			5. FEI Number Applied For Not Applicable			le	
Zip	·	Country	Zip		Country	6. CERTIFICATE	E OF STATUS DESIRED [\$8.75 for	Additional Fee requi a Certificate of Status	red s
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	fit corporations must list at lea	st 3 directors)			<u>'</u>	
Title(s)	Title(s) Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director					
D	HICKS, SAMUEL MERRILL			RT 4 BO	X 2020		MADISON FL			
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						— PL	1000478 -01/18/02	3356 201	075006	
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	· ·- <u>-</u> -									\dashv
8. Name and Address of Current Registered Agent					Name	9. Name and Address of New Registered Agent				
HICKS, SAMUEL MERRILL										
RT. 4 BOX 2020				Street Address (F		P.O. Box Number	is Not Acceptable)			
MADISON FL 32340					Suite, Apt. #, Etc.	Suite, Apt. #, Etc.				
					City	<u>.</u>		State	Zip Code	\dashv
10. I, being	appointed th	e registered agent of the abo	ve named corpo	ration, am fa	amiliar with and accept the ob	oligations of Secti	ion 607.0505, F.S.	<u></u> = .	/ 6	\exists
	1	,							AU	
Signature of Registered A		rul /ku	le?				Date 12/2	76	/	_
		HE	GISTERED AG	ENIMUSI	SIGN					\dashv
this reins owed by	statement apporate	olication, the reason for disso ion have been paid and the r	lution has been names of individi	eliminated, uals listed o	execute this application as p the corporate name satisfies in this form do not qualify for a legal effect as if made under	the requirements an exemption und	of section 607.0401 or	617.040	1, F.S., that all fees	ıd
					0		•	85	U	
SIGNAT		AMUE Merr GNATURE AND TYPED OR PRI		IGNING OFFI		wil H	ide izloh	b/	973-885 ime Phone #	5