

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 AUG -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000082876

1. Corporation Name

Pinnacle Fire Sprinklers, Inc.

2. Principal Office Address - No P.O. Box #

5830 Lyle Street

Suite, Apt. #, etc.

3. Mailing Office Address

5830 Lyle Street

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32807

Country

Orange

Zip

32807

Country

Orange

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

July 23, 2003

5. FEI Number

32-0086812

☐ 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

Thomas Dowling

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

5830 Lyle Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32807

800238050728
08/01/12--01035--008 **300.00

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

Date July 30, 2012

REGISTERED AGENT MUST SIGN

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	Thomas Dowling	5830 Lyle St	Orlando, FL 32807

REINSTATEMENT 11-12

AUG - 2 2012

T. SCOTT

10. E-mail Address: tcd@pinnaclefiresprinklers.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

July 30, 2012 (407)702-5789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #