

**F0400000 1647**

Pinnacle Payphone Corporation  
(Requestor's Name)

P.O. Box 490  
(Address)

Sharon Center OH 44281  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 15, 2004

PINNACLE PAYPHONE CORPORATION  
PO BOX 490  
SHARON CENTER, OH 44281

SUBJECT: PINNACLE PAYPHONE CORPORATION  
Ref. Number: W04000010245

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We have received your document for PINNACLE PAYPHONE CORPORATION and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 004A00017003

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Pinnacle Payphone Corporation  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. 51-0498469  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/26/04 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 153 Taylor James Blvd Wadsworth, OH 44281  
(Principal office address)

PO Box 490 Sharon Center, OH 44274  
(Current mailing address)

8. Any legal business  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: NRAI Services, Inc

Office Address: 526 E. Park Avenue

Tallahassee FL 32301, Florida 32301  
(City) (Zip code)

## 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

by: Lisa Reeves, Assistant Sec  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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**B. OFFICERS**

President: Mark Higgins

Address: 153 Taylor Jones Blvd  
Wadsworth, OH 44281

Vice President: Thomas Twiss

Address: PO box 351 39 East Main St  
New Albany, OH 43054

Secretary: Mark Higgins

Address: same as above

Treasurer: Thomas Twiss

Address: Same as above

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mark Higgins  
(Signature of Director or Officer listed in number 12 of the application)

14. Mark Higgins, President  
(Typed or printed name and capacity of person signing application)

**United States of America  
State of Ohio  
Office of the Secretary of State**

***I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show PINNACLE PAYPHONE CORPORATION, an Ohio corporation, Charter No. 1444419, having its principal location in Wadsworth, County of Medina, was incorporated on February 26, 2004 and is currently in GOOD STANDING upon the records of this office.***



***Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 22nd day of March, A.D. 2004***

*J. Kenneth Blackwell*

**Ohio Secretary of State**

**Validation Number: V200481M0BBCA**