

# F95000004540

## TRANSMITTAL LETTER

**TO: QUALIFICATION/REGISTRATION SECTION  
DIVISION OF CORPORATIONS**

**SUBJECT:** PINNACLE MANAGEMENT, INC.  
(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT L. JOHNSTON  
(Name of Person)

PINNACLE MANAGEMENT, INC.  
(Firm/Company)

5600 ROSWELL ROAD, SUITE 201 NORTH  
(Address)

ATLANTA, GA 30342  
(City, State and Zip Code)

95 SEP 19 1995  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

Should you need to call someone concerning this matter, please call:

ROBERT L. JOHNSTON at ( 404 ) 252 - 8900  
(Name of Person) Area Code & Daytime Telephone Number

**COURIER ADDRESS:**

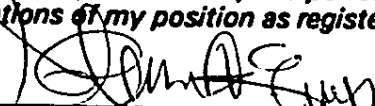
Qualification/Registration Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Registration Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

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

1. PINNACLE MANAGEMENT, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. GEORGIA 3. 58-2037869  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/18/93 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 5/1/95  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 5600 ROSWELL ROAD, SUITE 201 NORTH  
ATLANTA, GA 30342  
(Current mailing address)
8. APARTMENT MANAGEMENT  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: GLENN EVERS  
Office Address: C/O LANTANA APARTMENTS  
530 FAIRWOOD AVENUE  
CLEARWATER, Florida, 34619  
(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.*  
  
(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 addresses of officers and/or directors:

A. DIRECTORS

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

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

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

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

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

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

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

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

B. OFFICERS

President: ROBERT L. JOHNSTON

Address: 5600 ROSWELL ROAD, SUITE 201 NORTH

ATLANTA, GA 30342

Vice President: J. STEPHEN VASEN

Address: 3301 BUCKEYE ROAD, SUITE 207

ATLANTA, GA 30341

Secretary: PHYLLIS WHITE

Address: 3301 BUCKEYE ROAD, SUITE 207

ATLANTA, GA 30341

Treasurer: \_\_\_\_\_

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

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

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_

ROBERT L. JOHNSTON, PRESIDENT

(Typed or printed name and capacity of person signing application)

**Secretary of State**  
**Business Information and Services**  
**Suite 315, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 952010093  
CONTROL NUMBER : 9302951  
DATE INC/AUTH/FILED: 01/19/1993  
JURISDICTION : GEORGIA  
PRINT DATE : 07/20/1995  
FORM NUMBER : 311

PINNACLE MANAGEMENT  
5600 ROSWELL RD.  
SUITE 201 N  
ATLANTA GA 30342

95 SEP 18 PM 1:09  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**CERTIFICATE OF EXISTENCE**

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**PINNACLE MANAGEMENT, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

*Max Cleland*

MAX CLELAND  
SECRETARY OF STATE



CORPORATIONS  
656-2817

CORPORATIONS HOT LINE  
404-656-2222  
Outside Metro-Atlanta