


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2001-2002		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS wls/19 02 AUG 16 AM 8:58 200007315782--6 -08/23/02--01058--019 ****200.00 ****200.00	
DOCUMENT # L00000013490					
1. Limited Liability Company's Name Pinnacle Management, LLC					
2. Principal Office Address 13627 Deering Bay Drive Suite, Apt. #, etc. 1404 City & State CORAL GABLES FL Zip 33158 Country USA		3. Mailing Office Address 13627 Deering Bay Dr. Suite, Apt. #, etc. 1404 City & State CORAL GABLES FL Zip 33158 Country USA		4. State/Country of Formation Dade 5. Date Organized or Qualified To Do Business in Florida 11-3-00 6. FEI Number 65-1063130 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Don M Breeden Street Address (P.O. Box Number is Not Acceptable) 13627 Deering Bay Drive Suite, Apt. #, Etc. 1404 City CORAL GABLES FL State FL Zip Code 33158					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Don M Breeden</u> Date <u>8/15/02</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
P.M.	Don M. Breeden	13627 Deering Bay Dr. #1404	CORAL GABLES FL 33158		
V.P.	TARA A. Breeden	Same	Same		
REINSTATEMENT 2001-2002					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <u>Don M Breeden</u> Date <u>8/15/02</u> Daytime Phone # <u>305 206-1747</u> Typed or printed name of signing Managing Member/Manager _____					

CR2004 (9/01)