

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



OFFICE OF THE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

L01000017258

03 MAR 23 PM 4:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000017258

Name and Mailing Address

0000083 01 FP 0.352 **PRSR T1 0 0615 33131-325525



PINNACLE GROUP OF AMERICA, LLC
1200 BRICKELL AVENUE, SUITE #950
MIAMI FL 33131-3255



3/3-2002-2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/09/2001	
Principal Place of Business 1200 BRICKELL AVENUE, SUITE #950 MIAMI FL 33131	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1143722	Applied For Not Applicable
8. Name and Address of Current Registered Agent KAUFMAN, DANA M 1200 BRICKELL AVENUE, SUITE #950 MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code
10. 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 <i>[Signature]</i>		Date <i>2/28/03</i>	
REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ACTION TIME HOLDINGS, INC	11098 BISCAYNE BLVD	MIAMI, FL 33181
MGR	ULTRAMED'S LLC	11098 BISCAYNE BLVD	MIAMI, FL 33181
			400012240194 02/11/03--01005--005 **200.00

12. 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 *[Signature]* Date *2/28/03* Daytime Phone *(305) 781-3447*

CR2E084 (8/02)