PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 2021 08:00 AM
Secretary of State

DOCUMENT # L02000025275

500368317205
01/22/21--01014--002 **1210.00

CR2E041 (1/14)

1. Limited Liability Company's Name

The Pinnacle Group, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
403 Harbor Dr So		403 Harbor Dr. So	
Suite Apt #, etc		Suite, Apt. # etc	
City & State		City & State	
Indian Rocks Beach FL		Indian Rocks Beach FL	
Zip	Country	Zip	Country
33785	United States	33785	United States

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

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06/15/21--01035--001 **138.75

8 **Name and Address of Current Registered Agent**

Name
Phillip J. Hanna

Street Address (P.O. Box Number is Not Acceptable) Suite
403 Harbor Dr So.

Apt # Etc

City	State	Zip Code
Indian Rocks Beach	FL	33785

9 I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
mgrm	Phillip J. Hanna	403 Harbor Dr So	Indian Rocks Beach, Fl 33785
mgrm	Mon C Jensen	403 Harbor Dr So	Indian Rocks Beach FL 33785
mgrm	William Hanna	2707 Oak St	Terre Haute, IN 47803
		2013 -	2021
			dec 6/12

11. E-mail Address phanna1@tampabay.rr.com
(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 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 of authorized representative/member _____ Date 4/26/2021 Daytime Phone (727) 422-4035

Typed or printed name of signing authorized representative/member