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APPLICATION FOR REINSTATEMENT

Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

L02000033793

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000033793

03 OCT 23 PM 3:14

Name and Mailing Address

0011346 01 AT 0.292 **AUTO T2 2 0615 34748-577817
PINNACLE PROPERTIES OF FLORIDA, L.L.C.
117 S. 12TH STREET
LEESBURG FL 34748-5778

300024280813
10/30/03--01015--004 **150.00



| | | | |
|--|--|--|--|
| 2. New Mailing Address P.O. Box 45 | | 4. State/Country of Formation FL | |
| City, State, Zip TAVARES, FL 32778 | | 5. Date Organized or Qualified To Do Business in Florida 12/16/2002 | |
| Principal Place of Business 117 S. 12TH STREET LEESBURG FL 34748 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 109467224 | 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 MURPHY, MICHAEL E 117 S. 12TH STREET LEESBURG FL 34748 | | 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 **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date **10-21-03**

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 | MURPHY, MICHAEL E | 117 S. 12TH STREET | LEESBURG FL 34748 |
| REINSTATEMENT 2003 | | | |
| 10/23 KP | | | |

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 REQUIRED**

Date **10-21-03** Daytime Phone # **352 315 8444**

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)