PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 NOV 15 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/11)

DOCUMENT # L03000056731

1. Limited Liability Company's Name

Pinnacle Group of Jupiter, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
400 S. US Highway 1	400 S. US Highway 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Mariner Bldg - Unit # 303	Mariner Bldg - Unit # 303
City & State	City & State
Jupiter, FL	Jupiter, FL
Zip / Country	Zip / Country
33477 / USA	33477 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/3/03

6. FEI Number: 51-0492114 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Paul Haralson

Street Address (P.O. Box Number is Not Acceptable): 7001 Biscayne Blvd

Suite, Apt. #, Etc.: 2nd Floor

City: Miami | State: FL | Zip Code: 33138

E-mail Address: _____ (To be used for future annual report notices)

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 _____ Date 11/8/11

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
Mgr	Barbara Conahan	1447 Estuary Trail	Delray Beach, FL 33483

REINSTATEMENT 2010-11

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. 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 Managing Member/Manager Barbara Conahan Date 11/8/11 Daytime Phone # 561-284-3755

Typed or printed name of signing Managing Member/Manager _____