


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

07 JAN 29 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
FILED

**DOCUMENT #** L04000017683  
1. Limited Liability Company's Name  
**PINNACLE, LLC**

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CR2E041 (8/05)

<b>2. Principal Office Address</b> 160 W. CAMINO REAL Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 160 W. CAMINO REAL Suite, Apt. #, etc.	
City & State BOCA RATON, FLORIDA		City & State BOCA RATON, FLORIDA	
Zip 33432	Country	Zip 33432	Country

<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 3/5/04	
<b>6. FEI Number</b> 65-1220534	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <small>35.00 Additional Fee required for a Certificate of Status</small>	

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

Name  
INTRASTATE REGISTERED AGENT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)  
701 BRICKELL AVENUE

Suite, Apt. #, Etc.  
SUITE 3000

City  
MIAMI

State  
FL

Zip Code  
33131

02/05/07--01004--016 \*\* 50.00

**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  
BY: JORGE L. HERNANDEZ TOBIAS, PRESIDENT

Date \_\_\_\_\_

**10. Names and Street Addresses of Managing Members/Managers**

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SUSAN GRIGSBY	160 W. CAMINO REAL	BOCA RATON, FL 33432
REINSTATEMENT 2005-2007			
300087210913 02/05/07--01004--017 **100.00			

**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 Susan Grigsby Date 1-14-07 Daytime Phone # 561-317-1690

Typed or printed name of signing Managing Member/Manager SUSAN GRIGSBY