


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000017683 1. Limited Liability Company's Name <p style="text-align: center;">PINNACLE, LLC</p>			
2. Principal Office Address 160 W. CAMINO REAL Suite, Apt. #, etc.		3. Mailing Office Address 160 W. CAMINO REAL Suite, Apt. #, etc.	
City & State BOCA RATON, FLORIDA Zip 33432 Country		City & State BOCA RATON, FLORIDA Zip 33432 Country	

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business In Florida 3/5/04	
6. FEI Number 65-1220534	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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

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			

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			