

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000038810

FILED
Oct 08, 2006
Secretary of State

Entity Name: PINNACLE TECHNOLOGY GROUP, LLC

Current Principal Place of Business:

14111 BENTLY CIRCLE
FORT MYERS, FL 33912

New Principal Place of Business:

2055 C SCENIC HWAY
SUITE 227
SNELLVILLE,, GA 30078

Current Mailing Address:

P.O. BOX 61542
FORT MYERS, FL 33906

New Mailing Address:

2055 C SCENIC HWAY
SUITE 227
SNELLVILLE, GA 30078

FEI Number: 20-1153305 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GETTELMAN, TED
14100 EAGLE RIDGE LAKES DRIVE
SUITE 202
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

BAKER, PETER J
1565 GREAT OAKS DR.
LAWRENCEVILLE, FL 30045 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETER J. BAKER

10/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAKER, PETER
Address: 1565 GREAT OAKS DRIVE
City-St-Zip: LAWRENCEVILLE, GA 30045 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAKER, PETER J
Address: 1565 GREAT OAKS DRIVE
City-St-Zip: LAWRENCEVILLE, GA 30045 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER J. BAKER

CEO

10/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date