


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | |
|---|--|---|
| DOCUMENT # N03000000890 | |  |
| 1. Entity Name PINNACLES PROFESSIONAL PARK ASSOCIATION, INC. | | |

FILED

05 MAY 12 PM 2:57

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| Principal Place of Business 4 INDIAN MOUND COURT FLAGLER BEACH, FL 32136 | Mailing Address 4 INDIAN MOUND COURT FLAGLER BEACH, FL 32136 |
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REINSTATEMENT 04/05

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04/26/04 90570 040 \$61.25
04112005 REIN-NP CR2E099 (6/04)

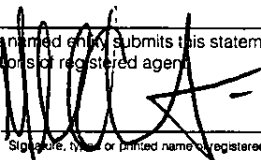
4. FEI Number
20-2703075 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| CHIUMENTO, MICHAEL D III 4 KINGS ROAD NORTH STE B PALM COAST, FL 32137 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/11/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|------------------------------------|--|
| FILE NOW!!! FEE IS \$297.50 | Make check payable to Florida Department of State |
|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BATHAW, RONALD | NAME | |
| STREET ADDRESS | 4 INDIAN MOUND COURT | STREET ADDRESS | |
| CITY-ST-ZIP | FLAGLER BEACH, FL 32136 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BATHAW, FRANCIA F | NAME | 000055199960 |
| STREET ADDRESS | 4 INDIAN MOUND COURT | STREET ADDRESS | 05/24/05--01075--001 **297.50 |
| CITY-ST-ZIP | FLAGLER BEACH, FL 32136 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALFONSO, DON JOSEPH A | NAME | |
| STREET ADDRESS | 39 COTTONWOOD DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | PALM COAST, FL 32137 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALFONSO, RENATO A | NAME | |
| STREET ADDRESS | 39 COTTONWOOD DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | PALM COAST, FL 32137 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **04/11/05** 386-445-3267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR