

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED


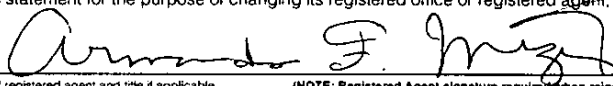
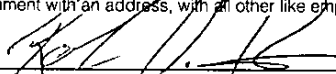
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0506 *asc*



04092006 REIN-P CR2E098 (11/05)

DOCUMENT # P00000057434					
1. Entity Name PINNACLE TECHNOLOGY, INC.					
Principal Place of Business 10200 GANDY BLVD N, UNIT 915 ST PETERSBURG, FL 33702			Mailing Address 10200 GANDY BLVD N, UNIT 915 ST PETERSBURG, FL 33702		
2. Principal Place of Business 2662 Waverly Court		3. Mailing Address 2662 Waverly Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Harbor, Florida		City & State Palm Harbor, Florida		4. FEI Number 59-3652990	
Zip 34684		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIZIO, ARMANDO F 25400 U.S. HWY 19 NORTH SUITE 210 CLEARWATER, FL 33763			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  April 9, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAUER, ROBERT W <input type="checkbox"/> Delete 10200 GANDY BLVD N, UNIT 915 ST PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bauer, Robert W. 2662 Waverly Court Palm Harbor, Florida 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: 			Robert W. Bauer 04/09/2006 (727) 812-4587 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone</small>		