

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 OF 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 27 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000052793

1. Corporation Name

Pinnacle Management Group, Inc.

2. Principal Office Address

1056 SW 1st Way

Suite, Apt. #, etc.

3. Mailing Office Address

1056 SW 1st Way

Suite, Apt. #, etc.

City & State

Deerfield Bch, Fla

Zip

33441

Country

USA

City & State

Deerfield Bch, Fla

Zip

33441

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/02

5. FEI Number

03-0446807

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Michael E. Ncaise

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

661 N.E. Lakeview Terr

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael E. Ncaise Pres
REGISTERED AGENT MUST SIGN

Date 12-7-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	<u>Michael Ncaise</u>	<u>661 NE Lakeview Terr</u>	<u>Boca Raton, Fla 33431</u>
VP	<u>ALAN ISAACS</u>	<u>1250 Campanelli Drive</u>	<u>Plantation, Fla 33322</u>
VP	<u>DAVID VONDER STRASSE</u>	<u>5358 Adams Road</u>	<u>Delray Bch, Fla 33489</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Michael Ncaise Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-23-04

Daytime Phone #

954-426-5555

CR25081 (01/04)



PINNACLE PLUMBING, INC.

1056 SW 1st Way Deerfield Beach, FL 33441
Phone (954) 426-5555 Fax (954) 426-9909

2022

December 7, 2004

To Whom It May Concern,

We would like to have one of our Corporations, **Pinnacle Management Group, Inc.** document #P02000052793 reinstated. The address was wrong, therefore we never received our Annual Report or renewal forms. I called your office and was told we needed to send a check for \$300.00 for reinstatement fees.

Sincerely,

Michael Necaie,
President