1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 14 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000075930

1. Corporation Name
PINNACLE WOOD WORKS INC.

200032752762
04/14/04--01050--011 **300.00

2. Principal Office Address	3. Mailing Office Address
2193 SANTA CATALINA	2193 SANTA CATALINA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
WEST PALM BEACH, FL	WPB, FLORIDA
Zip: 33415 Country: PALM BEACH	Zip: 33415 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: JULY 12, 2002

5. FEI Number: 16-1615164 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

REINSTATEMENT

Name: BRIAN DONALD HERRICK
Street Address (P.O. Box Number is Not Acceptable): 4741 HOLLY LAKE DRIVE
Suite, Apt. #, Etc.:
City: LAKE WORTH State: FL Zip Code: 33463

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: Brian Herrick Date: 4/9/04
REGISTERED AGENT MUST SIGN

CR2E038 (12/02)

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	WARREN W HERRICK	2193 SANTA CATALINA WPB, FL 33415	WPB, FL 33415
V.P.	SANDRA K HERRICK	2193 SANTA CATALINA	WPB, FL 33415
S	SANDRA K HERRICK	2193 SANTA CATALINA	WPB, FL, 33415
T	SANDRA K HERRICK	2193 SANTA CATALINA	WPB, FL 33415

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: [signature] 04/07/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

561-357-9783
561 644-3902
Daytime Phone #

B

PINNACLE WOOD WORKS INC

DESIGN FABRICATE INSTALL

2193 SANTA CATALINA

WEST PALM BEACH, FL.33415

PH-561-644-3901

FAX-561- 357-9783

NEXTEL-159*145524*1

07 April, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL., 32314

ENCLOSED PLEASE FIND A CORPORATION RE-INSTATEMENT FORM AND A CHECK IN THE AMOUNT OF $300.00

UNTIL EARLIER TODAY I HAD NO IDEA WE WERE IN AN INACTIVE STATUS. ANY FORMS THAT WE GET FROM ANY OF THE GOVERNMENT AGENCIES ARE ALWAYS COMPLETEED AND RETURNED IN A TIMELY MANNER: THUS, I AM SURE WE DID NOT RECIEVE AN ANUAL REPORT FORM. WE KNOW NOW HOWEVER, TO BE LOOKING FOR IT IN THE FUTURE.

PLEASE ACCEPT OUR APOLOGY AND REINSTATE US TO GOOD STANDING. THANK YOU!

WARREN W HERICK - PRESIDENT