

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

*Pinnacle Bankcard Solution, Inc*

600034550806  
04/29/04--01017--012 \*\*300.00

REINSTATEMENT 03-04

2. Principal Office Address

*10251 West Sample Rd*

3. Mailing Office Address

Suite, Apt. #, etc.

*Suite B*

Suite, Apt. #, etc.

City & State

*Coral Springs, FL*

City & State

Zip

*33065*

Country

*Broward*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*8/12/02*

5. FBI Number

*07-0026671*

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**

Name

*Michael Falcon*

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

*10251 Sample Rd*

Suite, Apt. #, Etc.

*B*

City

*Coral Springs*

State

*FL*

Zip Code

*33065*

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 Falcon*

Date *4/23/04*

REGISTERED AGENT MUST SIGN

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
<i>D</i>	<i>HOWARD Falcon</i>	<i>10251 Sample Rd Suite B</i>	<i>Coral Springs, FL 33065</i>

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:

*Howard Falcon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/04*

Date

*984-510-0505*

Daytime Phone #

Pinnacle Bankcard Solutions  
10251 Sample Rd. Suite B  
Coral Springs, Fl. 33065

Friday, April 23, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

To Whom It May Concern:

It appears that my corporation, Pinnacle Bankcard Solutions, has been dissolved. This was discovered by my accountant as he was working on last year's tax return. It seems since there are several suites and another building with the same address, the mail gets mixed up more often than we would like. Sometimes the mail is given back to the proper suite and sometimes it isn't. It seems the Corporate Uniform Business Report did not get delivered to us.

In view of this I am requesting that the fees and penalties be abated and the corporation be reinstated.

Enclosed you will find an application and \$300 check for the reinstatement.

Thank you for your time and consideration.

Howard Falcon