

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000109173

Entity Name: PINNACLE TECHNOLOGY USA INC.

FILED
Dec 06, 2004
Secretary of State

Current Principal Place of Business:

116 HIGHLINE DR.
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

116 HIGHLINE DR.
LONGWOOD, FL 32750

New Mailing Address:

C/O NRS ACCOUNTING SERVICES INC
105 HILLSIDE AVE
WILLISTON PARK, NY 11596

FEI Number: 20-0276578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUKHI, SAJJAD
116 HIGHLINE DR.
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUKHI, SAJJAD
Address: 116 HIGHLINE DR.
City-St-Zip: LONGWOOD, FL 32750

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MIYANJI, HASSAN
Address: 116 HIGHLINE DR
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Change (X) Addition
Name: CORNETT, JEFF
Address: 125 CARPHILLY CIRCLE
City-St-Zip: FRANKLIN, TN 37069

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAJJAD MUKHI

PRES

12/06/2004

Electronic Signature of Signing Officer or Director

_____ Date