

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000003167

FILED  
Sep 19, 2006  
Secretary of State

**Entity Name:** PINNACLE REALTY AND INVESTMENTS, CO.

**Current Principal Place of Business:**

490 OPA LOCKA BOULEVARD  
SUITE 11  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

3725 NW 197TH ST  
MIAMI, FL 33055

**New Mailing Address:**

**FEI Number:** 65-1212758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: CLYDE L NORRIS JR

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NORRIS, CLYDE L JR  
Address: 490 OPA LOCKA BOULEVARD SUITE 11  
City-St-Zip: OPA LOCKA, FL 33054

Title: VD ( ) Delete  
Name: NORRIS, KEVIN M JR  
Address: 490 OPA LOCKA BOULEVARD SUITE 11  
City-St-Zip: OPA LOCKA, FL 33054

Title: S ( ) Delete  
Name: LYONS, ERIC  
Address: 490 OPA LOCKA BLVD, STE 11  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CLYDE L NORRIS JR

PD

09/19/2006

Electronic Signature of Signing Officer or Director

Date