

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000013173

**FILED**  
**Nov 10, 2009**  
**Secretary of State**

**Entity Name:** PINNACLE MANAGEMENT & ASSOCIATES INC.

**Current Principal Place of Business:**

JOLENE BONNER  
1881 SOUTH HIGHWAY 17-92  
LONGWOOD, FL 32750

**New Principal Place of Business:**

JOLENE MAROTTA  
1881 SOUTH HIGHWAY 17-92  
LONGWOOD, FL 32750

**Current Mailing Address:**

JOLENE BONNER  
1881 SOUTH HIGHWAY 17-92  
LONGWOOD, FL 32750

**New Mailing Address:**

JOLENE MAROTTA  
1881 SOUTH HIGHWAY 17-92  
LONGWOOD, FL 32750

**FEI Number:** 20-2218281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONNER, JOLENE  
1881 SOUTH HIGHWAY 17-92  
LONGWOOD, FL 32750 US

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

MAROTTA, JOLENE  
1881 SOUTH HIGHWAY 17-92  
LONGWOOD, FL 32750 US

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: JOLENE MAROTTA

11/10/2009

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: PRES ( ) Delete  
Name: BONNER, JOLENE  
Address: 1881 SOUTH HIGHWAY 17-92  
City-St-Zip: LONGWOOD, FL 32750

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

Title: PRES (X) Change ( ) Addition  
Name: MAROTTA, JOLENE  
Address: 1881 SOUTH HIGHWAY 17-92  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify 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: JOLENE MAROTTA

PRES

11/10/2009

Electronic Signature of Signing Officer or Director

Date