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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 AUG 7 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P05000010465

1. Corporation Name

PILINACLE INVESTMENTS & DEVELOPMENTS INC

2. Principal Office Address - No P.O. Box #

6470 SW 4 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

6470 SW 4 STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33023

Country

BROWARD

City & State

PEMBROKE PINES, FL

Zip

33023

Country

BROWARD

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02-03-2005

5. FEI Number

20-3095587

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 TAYLOR

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

1733A NW 62 COURT

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33015

300238258103
08/07/12--01027--001 **1500.00

REINSTATEMENT

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

8/5/12

0712

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	PAUL CAMPBELL	6470 SW 4 STREET PEMBROKE PINES FL	PEMBROKE PINES FL 33042

10. E-mail Address: CAVE CAMP @ AOL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Paul Campbell

PAUL CAMPBELL

Date

8/5/12

Daytime Phone #

305 450-2808

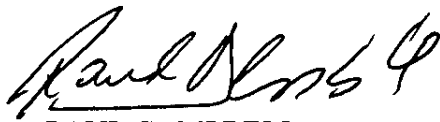
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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8-6-12

AFFIDAVIT

I AM HEREBY RELEASING THE ENTITY PINNACLE INVESTMENTS
AND DEVELOPMENTS INC. I HAVE NO PLANS TO HAVE ANY FUTURE
CLAIM ON THE NAME OR ANY ASSOCIATION WITH THAT NAME.
IT IS FREE FOR ANY ONE TO USE IT. THE CORPORATION WAS FORMED ON
AUGUST 2 2012. THE DOCUMENT NUMBER IS P12000067149


PAUL CAMPBELL
PRESIDENT

NOTARY PUBLIC-STATE OF FLORIDA
Joel James Newman SR
Commission # DD955448
Expires: JAN. 23, 2014
BONDED THRU ATLANTIC BONDING CO., INC.



08-06-2012