

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000122021

1. Corporation Name

Pinnacle Pool Company of Southwest Florida, Inc.

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

6323 Janes Lane

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34109

Country

3. Mailing Office Address

6323 Janes Lane

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34109

Country

**REINSTATEMENT** 07-08  
082E081 (2/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

August 25, 2005

5. FEI Number  
20-4205390

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Brian V. McAvoy, Esq.

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

5551 Ridgewood Drive

Suite, Apt. #, Etc.

Suite 405

City

Naples

State

FL

Zip Code

34108

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

REGISTERED AGENT MUST SIGN

Date

9/16/08

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
D	Su, Chen Tung	3250 60th Street SW	Naples, Florida 34116
D	Su, Chen K	1150 Oaks Boulevard	Naples, Florida 34119

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-12-2008

Daytime Phone #