

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 15 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD6000071751

1. Corporation Name

PINNACLE PROPERTIES NWF, INC.

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

5765 QUINTETTE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

10321 EDENDALE ROAD

Suite, Apt. #, etc.

City & State

PACE, FLORIDA

City & State

CANTONMENT, FLORIDA

Zip

32571

Country

USA

Zip

32533

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 8, 2006

5. FEI Number
20-4846745

☐ 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

ELMER R. CROSBY

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

5765 QUINTETTE ROAD

Suite, Apt. #, Etc.

City

PACE

State

FL

Zip Code

32571

100212161051
09/15/11--01035--004 ***1200.00

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

Date 12 Sept 2011

REGISTERED AGENT MUST SIGN

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
PD	MATTHEW T. CROSBY	5765 QUINTETTE ROAD	PACE, FLORIDA 32571
STD	ELMER R. CROSBY	5765 QUINTETTE ROAD	PACE, FLORIDA 32571

REINSTATEMENT

10. E-mail Address: LDELOACH@HOTMAIL.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 807.0401 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Sept 2011

Date

850 434 3219

Daytime Phone #