P06000113655

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PICK-UP WAIT	MAIL
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(Document Number)	· · · · · · · · · · · · · · · · · · ·
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C.COULLIETTE

MAY 2 7 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations Hospitality Inc.				
NAME OF CORPORATION: Innacle				
DOCUMENT NUMBER: P 06000 1/3655				
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
POBOX 14/88 Address North Palm Buh F/33408 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (56/) 662 9595 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$35 Filing Fee Securificate of Status				
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301



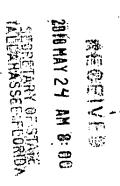
FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2010

JIM GEIGER PO BOX 14188 NORTH PALM BEACH, FL 33408

SUBJECT: PINNACLE HOSPITALITY INC.

Ref. Number: P06000113655



We have received your document for PINNACLE HOSPITALITY INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 410A00011217

COVER LETTER

Division of Corporations			
SUBJECT: Voluntarity dissolve			
DOCUMENT NUMBER: P 06000 113655			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jim Geiger (Name of Contact Person)			
Princele Hospitality Inc (Firm/Company)			
POBOX 14188			
(Address)			
North Palm Bch F1334UF (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Tim Geiger at (56/) 662 9595 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
S35 Filing Fee \$\times \text{\$\frac{1}{2}\$43.75 Filing Fee & \$\times \text{\$\frac{1}{2}\$43.75 Filing Fee & \$\times \text{\$\frac{1}{2}\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)			
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of Sta	ite:	
SECOND: THIRD:	The document number of the corporation (if known):	000/13655	
THIKD.	Effective date of dissolution if applicable: (no more than 90 days after dissolution file d		-
FOURTH:	Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes cast for owns sufficient for approval. Dissolution was approved by the shareholders through voting groups.	issoluti	on
	The following statement must be separately provided for each voting group entitle to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by (voting group) (voting group) (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the rands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing)	10 MAY 26 AN 8: 56	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: Pingacle Hospitality In-
Name of Corporation: Thy acle 1165 pitality La
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
waiting address where claims can be sent. (Claims cannot be sent to the Division of Corporations)
POBOX 14/88
North Valm Beh F/33405

· ·
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced—
within 4 years after the filing of this notice
(- Geiget
Sim Gett
Printed Name of the Person Filing Signature of the Person Filing
Signature of the years of the y

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00