

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL  
AND  
FILED

14 FEB 26 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P07000126488</b> 1. Entity Name PINNACLE CONSTRUCTION AND REMODELING, INC.					
Principal Place of Business 11405 BRIGHT STAR CIRCLE TALLAHASSEE, FL 32305			Mailing Address 4016 CORNISH DRIVE TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-1479686	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SKEEN, CHRISTOPHER W 4016 CORNISH DRIVE TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name: <u>Max Allen Roberts</u> Street Address (P.O. Box Number is Not Acceptable): <u>11405 Bright Star Cir</u> <del>4016 Cornish Drive</del> City: <u>Tall</u> FL Zip Code: <u>32305</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>[Signature]</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE: <u>2-26-14</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$900.00</b>				<h2 style="margin: 0;">REINSTATEMENT</h2>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERTS, MAX A JR 11405 BRIGHT STAR CIRCLE TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTS SKEEN, CHRISTOPHER W 4016 CORNISH DRIVE TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cynthia D Roberts VPTS 11405 Bright Star Cir Tallahassee FL 32305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			FEB 26 2014 <b>S. PRATHER</b>		
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>2-26-14</u> E-MAIL ADDRESS: <u>cindy3759@yahoo.com</u>		