

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 SEP -2 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033204**

1. Corporation Name

**PINNACLE GROUP HOLDINGS, INC.**

Principal Place of Business

Mailing Address

109 BRUSH ST  
SUITE 350  
TAMPA FL 33602

109 BRUSH ST  
SUITE 350  
TAMPA FL 33602

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1107 E. JACKSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FLORIDA

Zip Country

Zip Country

33602 U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/03/1994**

5. FEI Number

**59-3226954**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VC	TRIBBLE, ISREAL	201 E KENNEDY BLVD 1525	TAMPA FL
C	DEBOSE, FRANK	109 BRUSH ST STE 350	TAMPA FL

200002285242-8  
-09/04/97-01102-013  
\*\*\*\*915.00 \*\*\*\*915.00  
**REINSTATEMENT**  
16-97  
SL  
9-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEBOSE, FRANK  
109 BRUSH ST  
SUITE 350  
TAMPA FL 33602

Name

FRANK Debose

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

1107 E. JACKSON ST. STE #102

Suite, Apt. #, Etc.

City

TAMPA

State  
**FL**

Zip Code  
**33602**

10. In being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

8-25-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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] FRANK Debose  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-25-97

813-228-7466

CP20040 (7/96)