

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 12 PM 3: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000033204**

**1. Corporation Name**

Pinnacle Group Holdings, Inc.

109 N. Brush Street

**2. Principal Office Address**

109 N. Brush Street

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite 250

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Zip

33602

Country

United States

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/03/1994

**5. FEI Number**  
593226954

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

Frank DeBose

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

1107 W. Kirby Street

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code  
33604

**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

*[Signature]*

Date

8-9-04

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
CP	Frank DeBose	1107 W. Kirby Street	Tampa, Florida 33604
D	James A. McNulty	4419 W. Sevilla	Tampa, Florida 33629
D	Arthur T. Jones	6433 Renwick Circle	Tampa, Florida 33647

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Frank DeBose

Date

8-9-04

(813) 228-7466

Daytime Phone #

CR2E081 (01/04)