2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000033204

Address:

City-St-Zip:

6433 RENWICK CIRCLE

TAMPA, FL 33647

Entity Names - DININIACI E CROUR LIQUOIN

FILED Oct 10, 2005 Secretary of State

Entity Name: PINNACLE GROUP HOLDINGS, INC.					
Current Pr	incipal Plac	e of Business:	New Principal Place of	New Principal Place of Business:	
109 N. BRU SUITE 250 TAMPA, FL	JSH STREET . 33602	-	109 N. BRUSH STREET SUITE 400 TAMPA, FL 33602		
Current Ma	ailing Addre	ss:	New Mailing Address:	New Mailing Address:	
109 N. BRU SUITE 250 TAMPA, FL	JSH STREET . 33602	-	109 N. BRUSH STREET SUITE 400 TAMPA, FL 33602		
FEI Number:	59-3226954	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
DEBOSE, FRANK 1107 W. KIRBY ST. TAMPA, FL 33604 US 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.					
SIGNATUR	RE: FRANKI				
Election Can	e with s. 607.19 paign Financir	nic Signature of Registered Age 93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	t receive the prior notice.	Date TO OFFICERS AND DIRECTORS:	
OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	CP (DEBOSE, FRA 1107 W. KIRB TAMPA, FL 33	Y ST.	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D (MCNULTY, JAI 4419 W. SEVI TAMPA, FL 33	LLA	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	D (JONES, ARTH) Delete UR T	Title: () Name:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: FRANK DEBOSE CP 10/10/2005