

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN -7 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PINNACLE Funding Corp.**
1. Corporation Name
PINNACLE FUNDING CORP
P94000069813

2. Principal Office Address
605 BELVEDERE RD

3. Mailing Office Address

Suite, Apt. #, etc.
STE 18

Suite, Apt. #, etc.

City & State
WEST PALM BEACH

City & State
FL

Zip
33405

Country
USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida
10-95

5. FEI Number
65-0522375

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DARRELL PETERSON

800005869199-3

-06/19/02--01069-025
******300.00 ****300.00**

Street Address (P.O. Box Number is Not Acceptable)
605 BELVEDERE RD STE 18

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State
FL

Zip Code
33405

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

REGISTERED AGENT MUST SIGN

Date

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
D/D	DARRELL PETERSON	605 BELVEDERE RD STE 18 W P B FL	33405

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

APRIL 10 2002 5618327072

Date

Daytime Phone #

CR2E081 (8/01)