

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P95000079520
1. Corporation Name
PINNACLE OFFICE CENTER ALTAMONTE, INC.

FILED
97 NOV -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
445 DOUGLAS AVENUE 445 DOUGLAS AVENUE
SUITE 2005-16 SUITE 2005-16
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714
US US



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
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10/17/1995
5. FEI Number 59-3422474 59-3340103 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	COLACHICCO, DAN A	958 CROSS CUT WAY	LONGWOOD FL 32750
D	COLACHICCO, NANCY W	958 CROSS CUT WAY	LONGWOOD FL 32750

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-1170797--01022--015
****173.75 ****173.75

8. Name and Address of Current Registered Agent
COLACHICCO, DAN A
958 CROSS CUT WAY
LONGWOOD FL 32750

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, 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 _____ REGISTERED AGENT MUST SIGN _____ Date _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: 11/7/97 407-862-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)

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To Whom it May Concern

Our Corporation Pinnacle Office
Center Altamonte, Inc. never received
its Annual Report.


President