

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 27 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000015679**

1. Corporation Name

**Pinnacle Contracting + Development  
Inc.**

2. Principal Office Address

**2427 Ravenna Blvd**

Suite, Apt. #, etc.

**#202**

City & State

**Naples, FL**

Zip

**34109**

Country

**USA**

3. Mailing Office Address

**2427 Ravenna Blvd**

Suite, Apt. #, etc.

**#202**

City & State

**Naples, FL**

Zip

**34109**

Country

**USA**

000027653860  
01/27/04--01017--011 \*\*300.00

**REINSTATEMENT**

**03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/15/1996**

5. FEI Number

**65-0656843**

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

**Robert C Jarvis**

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

**2427 Ravenna Blvd. #**

Suite, Apt. #, Etc.

**#202**

City

**Naples**

State  
**FL**

Zip Code

**34109**

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

**Robert C Jarvis**

Date

**1/21/04**

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
<b>DVP</b>	<b>Jarvis, Robert C</b>	<b>2427 Ravenna Blvd #202</b>	<b>Naples, FL 34109</b>

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:

**Robert C Jarvis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/04**

Date

**239-571-3925**

Daytime Phone #

CR2E081 (10/02)

2/2



CONTRACTING & DEVELOPMENT, INC.

January 21, 2004

To: Florida Department of State:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl.  
32314

Re: Document # P96000015679

Dear Mame/Sir,

I am requesting a waiver of having to pay the penalty fees for the 2003 Uniform Business Report. I am asking for this waiver because I did not receive this report via mail. I am also enclosing an additional \$ 150.00 for the 2004. If you have any questions, I am available at the following daytime phone number: (239) 571-3925.

Thank You

Robert C. Jarvis  
Vice President  
Pinnacle Contracting  
& Development Inc.

2427 Ravenna Blvd.  
#202  
Naples, Florida 34109  
Phone / Fax (239) 596-7985