

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000100693

1. Corporation Name

PINNACLE BUSINESS MANAGMENT GROUP INC.

Principal Place of Business

Mailing Address

2963 GULF TO BAY
265
CLEARWATER FL 33759

2963 GULF TO BAY
265
CLEARWATER FL 33759

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

12/12/1996

5. FEI Number

59-3417542

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HALL, MICHAEL B	6966 22ND AVENUE NORTH 2963 Gulf to Bay Ste 265	ST PETERSBURG FL 33710 Clearwater, FL 33759

200004669172--9
-11/06/01--01061--020
****750.00 ****750.00

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~VALLORE, JOE~~
2963 GULF TO BAY
STE 265
CLEARWATER FL 33759

Name Tommy Slater
Street Address (P.O. Box Number is Not Acceptable)
2963 Gulf to Bay
Suite, Apt. #, Etc.
265
City Clearwater State FL Zip Code 33759

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

[Signature]
REGISTERED AGENT MUST SIGN

Date Oct. 15, 2001

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01 727480-0136

CR2ED040 (8/01)