

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000026854

1. Entity Name
PINNACLE GOLF MANAGEMENT, INC.



Principal Place of Business
9107 LINKS DR.
FORT MYERS, FL 33913 US

Mailing Address
9107 LINKS DR.
FORT MYERS, FL 33913 US

FILED

07 JUN -6 PM 3:18
11/02/06
RECEIVED
SECRETARY OF STATE
89W

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05312007 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number

65-0734684

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUDLEY, JEFFREY L
9107 LINKS DR.
FORT MYERS, FL 33913

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JEFFREY L. DUDLEY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-3-07

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DUDLEY, JEFFREY L
STREET ADDRESS 9107 LINKS DR.
CITY - ST - ZIP FORT MYERS, FL 33913

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200104265242
CITY - ST - ZIP 06/12/07--01033--010 **150.00

TITLE V ☐ Delete
NAME DUDLEY, BRITTON W
STREET ADDRESS 5310 SW 22ND AVE
CITY - ST - ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

JEFFREY L. DUDLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-3-07 239-784-0633