

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 19 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053975

1. Corporation Name

Pinnacle Building Products, Inc.

2. Principal Office Address

5850 Deacon Rd.

Suite, Apt. #, etc.

City & State

Sarasota

Zip

34238

Country

USA

3. Mailing Office Address

5850 Deacon Rd.

Suite, Apt. #, etc.

City & State

Sarasota

Zip

34238

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1997

5. FEI Number

65-0764518

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

Laurie B. Sams, Esq.

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

2815 Proctor Road

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

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

May 12, 2003

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
VP	Ted Gillies Sr.	3839 Prairie Dunes	Sarasota, FL 34238
P	Geoffrey Gillies	6239 Hollywood Blvd	Sarasota, FL 34231

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:

Geoffrey Gillies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-12-03 922-5541

Daytime Phone #

CR2E081 (10/02)

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