PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
- APPLICATION FOR	LADEPARTN ENT COSTAT ndra Secretary C State Losion of corporations	FILED
DOCUMENT # P97000074510		98 DEC -8 AM 8: 50
1. Corporation Name PINNACLE SERVICES INC.		SECRE IAR F OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address		_
-5405-WEST-CYPRESS-ST., STE-220 TAMPA FL-33607 TAMPA FL-33807-		
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 5405 Cupress Center Dr 5405 Cupress Center Dr.		4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc./V STE. 120 Ste. 220		08/26/1997 5. FEI Number Applied For
City & State City & Stat		59 - 3493252 Not Applicable 6. \$8.75 Additional Fee required
	3609	CERTIFICATE OF STATUS DESIRED X for a Certificate of Status
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each		
Title(s) and/or Directors	Officer and/or Direct 3 (Do NOT Use Post Office Box 1	or City / State / Zip Numbers) 4
P/D KNETTEL, MICHAEL G	5405 WEST CYPRESS CENTER 5405 Cypress Cent	PR. ST # 320 TAMPA FL-33607
	77	· · · · · · · · · · · · · · · · · · ·
•	13.12/10	98 AR
		0000027133800
		****158.75 ****158.75 -
8. Name and Address of Current Registered A	gent Name	9. Name and Address of New Registered Agent
AMETTEL, MICHAEL G 5405 WESP -CYPRESS CENTER DR., STE. 220 TAMPA FL 33607-	Street Address 5465 Suite, Apt. #, Et	(P.O. Box Number is Not Acceptable) Cypress Center TIr., Ste. 220
City State Zip Code 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 MI-NSULGER REQUIRED Date Nov. 24, 1998		
11. This corporation owes of has paid the current year Intangible Personal Property tax due June 30. Yes INO IN (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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



November 25, 1998

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: 1998 Profit Corporation Annual Report

Dear Sirs:

Enclosed is Pinnacle Services Inc.'s 1998 Annual Report and check number 141 for \$158.75 (annual fee 150.00 plus certificate of status 8.75).

Per telephone call to this Division on November 23, 1998, explaining that we had not received our notices due to an incorrect address (please see copy of latest notice returned to sender by the Post Office due to erroneous address), I was instructed to remit only the \$150.00 filing fee, the aforementioned copy and this letter of explanation.

If you have any questions, please contact me at the letterhead address or phone.

Sinderel

Michael G. Knettel. President

MJK/km

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