

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Bureau of Business Regulation  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN -3 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039984

1. Corporation Name

PINNACLE PROPERTIES INTERNATIONAL, INC.

Principal Place of Business

6100 GLADES ROAD SUITE 310  
BOCA RATON FL 33434

Mailing Address

6100 GLADES ROAD SUITE 310  
BOCA RATON FL 33434

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/04/1998

5. FEI Number

65-0861545

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MAZER, NANCY	6100 GLADES ROAD SUITE 310	BOCA RATON FL 33434
<del>VD</del>	<del>SANDER, JUDY</del>	6100 GLADES ROAD SUITE 310	BOCA RATON FL 33434
VD	STEVEN CHANEY		

8. Name and Address of Current Registered Agent

MAZER, NANCY

6100 GLADES ROAD SUITE 310  
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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 AgentSIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/24/99

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/24/99

Daytime Phone #

KE