

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 1:46

DOCUMENT # P99000014531

1. Corporation Name

PINNACLE COURIER SERVICE, INC.

2. Principal Office Address

1515 N. Federal Highway

Suite, Apt. #, etc.

Suite 405

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

1515 N. Federal Highway

Suite, Apt. #, etc.

Suite 405

City & State

Boca Raton, FL

Zip

33431

Country

USA

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/12/99

5. FEI Number
None

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

Steven G. Schwartz, Esquire c/o Mattlin & McClosky

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

2300 Glades Road

Suite, Apt. #, Etc.

Suite 400 East Tower

City

Boca Raton

State

FL

Zip Code

33431

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

Steven G. Schwartz

REGISTERED AGENT MUST SIGN

Date 2/24/01

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
P	Sam Halim	1515 N. Federal Highway Suite 405	Boca Raton, FL 33431

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:

SAM HALIM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/01

Daytime Phone #

561-362-6370