

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000111149

1. Corporation Name

Pinnacle Healthcare Technologies, Inc.

2. Principal Office Address

2402 NW 49th Lane

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

3301 NW Boca Raton Blvd.

Suite, Apt. #, etc.

200

City & State

Boca Raton, FL

Zip

33431

Country

USA

REINSTATEMENT

02-03

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

12/28/99

5. FEI Number

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

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

3301 NW Boca Raton Boulevard

Suite, Apt. #, Etc.

Suite 200

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 **10/28/03**

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
PD	Sam Halim, Jr.	2402 NW 49th Lane	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

10/29/03

Date

561-702-6712

Daytime Phone #

CR2E081 (10/02)