

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 DEC 13 PM 1:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F03000002595

1. Entity Name
PACIFIC CORNERSTONE CAPITAL, INC.



Principal Place of Business
4590 MACARTHUR BLVD., SUITE 610
NEWPORT BEACH, CA 92660

Mailing Address
4590 MACARTHUR BLVD., SUITE 610
NEWPORT BEACH, CA 92660



10212005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

1920 MAIN ST
Suite, Apt. #, etc.
400

3. Mailing Address

1920 MAIN ST
Suite, Apt. #, etc.
400

City & State
IRVINE, CA

City & State
IRVINE, CA

4. FEI Number
33-0683806

Applied For
Not Applicable

Zip Country
92614 USA

Zip Country
92614 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET, SUITE 1
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-30-2005

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME ROUSSEL, TERRY G
STREET ADDRESS 4590 MACARTHUR BLVD., SUITE 610
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE S ☐ Delete
NAME PIZZURO, ALFRED J
STREET ADDRESS 4590 MACARTHUR BLVD., SUITE 610
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME ROUSSEL, TERRY G.
STREET ADDRESS 1920 MAIN ST; SUITE 400
CITY-ST-ZIP IRVINE, CA 92614

TITLE S ☒ Change ☐ Addition
NAME PIZZURO, ALFRED J.
STREET ADDRESS 1920 MAIN ST; SUITE 400
CITY-ST-ZIP IRVINE, CA 92614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500062329415
CITY-ST-ZIP 12/21/05--01037--010 **158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

K. Eckel DEC 14 2005

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-30-2005

(949)
852-1007