

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

98 DEC 14 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 421287

1. Corporation Name

THE PINEAPPLE POST INC.

Principal Place of Business	Mailing Address
2403 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250	2403 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250

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	4. Date Incorporated or Qualified To Do Business in Florida
		03/16/1973
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number
		59-1484728
City & State	City & State	Applied For
		Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		\$8.75 Additional Fee required for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	HOYT, RALPH W.	4300 LAKESIDE DR #18	JACKSONVILLE FL
SV	HOYT, NANCY C.	4300 LAKESIDE DR #18	JACKSONVILLE FL
			600002718826--1 -12/22/98-0103B-016 ****150.00 ****150.00
			12/17

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HOYT, RALPH W. 4300 LAKESIDE DR #18 JACKSONVILLE FL 32210	Name RA 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 Agent: *[Signature]* REGISTERED AGENT MUST SIGN  
 Date: 12-10-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (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)(f), 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]* REGISTERED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 12-10-98  
 Daytime Phone #: 904-387-9590 / 904-249-7427

CR2E040 (9/98)