

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 APR 21 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L03000010022

1. Limited Liability Company's Name

Pineapple Podiatry, LLC

900150939839  
04/17/09--01004--013 \*\*832.50  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

10 NE Second St.

Suite, Apt. #, etc.

3. Mailing Office Address

10 NE Second St

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

Country

33444 USA

Zip

Country

33444 USA

4. State/Country of Formation

USA

5. Date Organized or Qualified To Do Business in Florida

3/20/2003

6. FEI Number

20-1678195

Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Elizabeth Reilly

Street Address (P.O. Box Number is Not Acceptable)  
1435 Estuary Trail

Suite, Apt. #, Etc.

City Delray Beach

State FL

Zip Code 33483

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date April 15<sup>th</sup>, 2009

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>Pres.</u>	<u>Elizabeth Reilly</u>	<u>1435 Estuary Trail Delray Beach, FL 33483</u>	<u>Delray Beach FL 33483</u>
<u>MGR</u>			

**REINSTATEMENT 04-09**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

[Signature]

Date 4-15-09 Daytime Phone# 561-272-7171

Typed or printed name of signing Managing Member/Manager

Elizabeth Reilly