

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

33444

Country

USA

Zip

33444

Country

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
Pres.	Elizabeth Reilly	1435 Estuary Trail Delray Beach, FL 33483	Delray Beach FL 33483
MAN			

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

N. C. 2009

APR 22 2009