


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 25 AM 10:24

<b>DOCUMENT # L05000041526</b>					
<b>1. Entity Name</b> PINEAPPLE PLAZA LLC					
<b>Principal Place of Business</b> 1750 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311			<b>Mailing Address</b> 154 FRANKLIN PLACE WOODMERE, NY 11598		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 200 LAWRENCE JAEGER 200 CENTRAL PARK SO.		10122006 REIN-LLC CR2E101 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 20-2749041	
City & State		City & State NEW YORK, NY		Applied For Not Applicable	
Zip	Country	Zip 10019	Country USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WEINBERG, MATTHEW 1750 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311				<b>7. Name and Address of New Registered Agent</b>	
WEINBERG, MATTHEW 1750 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINBERG, MATTHEW 39 WOODLAND ROAD ROSLYN, NY 11576		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000081193800 10/25/06--01055--005 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAEGER, LAWRENCE 200 CENTRAL PARK SOUTH NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date _____ Daytime Phone # _____		