

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L06000055755**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
APR - 8 PM 3:59

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000055755

1. Limited Liability Company's Name

Pineapple Palm, LLC

*B/K*

*09*

000175019330

CR2E041 (12/07)

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

20875 Crossroads Circle

Suite, Apt. #, etc.

Ste 100

City & State

Waukesha, WI

Zip

53186

Country

USA

3. Mailing Office Address

20875 Crossroads Circle

Suite, Apt. #, etc.

Ste 100

City & State

Waukesha, WI

Zip

53186

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

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

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

*Imbulu B. S. S.*

REGISTERED AGENT MUST SIGN

Date

*4/8/10*

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
Mbr	William T. Schleicher, Jr.	20875 Crossroads Cir., #100	Waukesha, WI 53186

**REINSTATEMENT** *2009-2010*

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

*William T. Schleicher, Jr.*

Date *4/6/10*

Daytime Phone #

*262-798-5080*

Typed or printed name of signing Managing Member/Manager

William T. Schleicher, Jr., Member



CORPORATION SERVICE COMPANY

# LO60UUU55755

ACCOUNT NO. : I20000000195

REFERENCE : 343827 4802844

AUTHORIZATION

COST LIMIT : \$ ~~238.75~~

ORDER DATE : April 8, 2010

ORDER TIME : 11:44 AM

ORDER NO. : 343827-005

CUSTOMER NO: 4802844

377.50

DOMESTIC FILINGS

NAME: PINEAPPLE PALM, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS

BK

RECEIVED

10 APR -8 PM 2:03

TO: JAMES E. HARRIS  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
DIVISION OF STATE  
CORPORATIONS

10 APR -8 PM 3:59