

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000089564

1. Limited Liability Company's Name
Pearapple Holdings LLC

2. Principal Office Address - No P.O. Box #
9608 SW 117th Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33186

Country

USA

3. Mailing Office Address

9608 SW 117th Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33186

Country

USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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4. State/Country of Formation
FL USA

5. Date Organized or Qualified
To Do Business in Florida 07/29/2011

6. FEI Number
33-1221953

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a certificate of status

REINSTATEMENT

22-24

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Alyssa Green

REGISTERED AGENT MUST SIGN

Date 09/13/2024

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Adelanto International Limited	P.O. Box 146	Road Town, Tortola, BVI
AR	Titan Management LLC	300 Cherapa Place Suite 501	Sioux Falls, SD 57103

SEP 20 2024
M. WILLIAMS

11. E-mail Address: tcsu@tridenttrust.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Harley Smack

Date

9/13/2024

Daytime Phone #

605-679-4348