

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

OCT 24 PM 11:02

DOCUMENT # L99000007257

1. Limited Liability Company's Name

Pineapple Way Holding, L.C.  
352 NE 3rd Ave.  
Delray Beach, Florida

500003459375--1  
-11/09/00-01039-010  
\*\*\*\*150.00 \*\*\*\*150.00

33444

2. Principal Office Address

352 NE 3RD AVE.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

3. Mailing Office Address

352 NE 3RD AVE.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

4. State/Country of Formation

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

RENEE Christiansen - Radabaugh

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

352 NE 3RD AVE.

Suite, Apt. #, Etc.

City

Delray Beach,

State

FL

Zip Code

33444

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

Renee Christiansen - Radabaugh

REGISTERED AGENT MUST SIGN

Date

10/18/00

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

MGR	Radabaugh, Ronald C.	270 E. ATLANTIC BLVD.	Delray Beach, FL 33444
MGR	Renee Christiansen - Radabaugh	270 E. ATLANTIC BLVD.	DELRAY BEACH, FL 33444
MGR	Russell Morgan	1705 S. Fed. Highway #A	DELRAY BEACH, FL 33444

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

Renee Radabaugh

Date

10/18/00

Daytime Phone #

561-243-3073

Typed or printed name of signing Managing Member/Manager

RENEE CHRISTIANSEN - RADABAUGH