

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED



500009686985
12726/02--01020--009 **750.00

DOCUMENT # P01000015984

1. Corporation Name
PINEAPPLE LAB, INC.

Principal Place of Business
110 N LAKE SYBELIA DRIVE
MAITLAND FL 32751

Mailing Address
110 N LAKE SYBELIA DRIVE
MAITLAND FL 32751

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/13/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3692868	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	WOOD, ROBERT	110 N LAKE SYBELIA DRIVE	MAITLAND FL 32751

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WOOD, ROBERT 110 N LAKE SYBELIA DRIVE MAINTLAN FL 32751		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent Robert S. Wood **SIGNATURE REQUIRED** Date 12-19-02
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Robert S. Wood **SIGNATURE REQUIRED** 12-19-02 407-629-5958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)