SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004 OCT -5 PM 4:09

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000114780

1. Corporation Name
PINEAPPLE ENTERTAINMENT

02-04

REINSTATEMENT

2. Principal Office Address
195 SOUTH STATE Rd 7
Suite, Apt. # etc.
City & State
MARGATE
Zip 33068 County BROWARD

3. Mailing Office Address
Suite, Apt. # etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
October 02

5. FEI Number
04 3651360
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐
$30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MURINE WRIGHT
Street Address (P.O. Box Number is Not Acceptable)
195 SOUTH STATE Rd 7
Suite, Apt. # Etc
MARGATE
City
MARGATE
State FL
Zip Code 33068

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
Murine Wright
REGISTERED AGENT MUST SIGN
Date 10-02-04

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City State Zip
P	KEDDIS KERR	195 SOUTH STATE Rd 7	MARGATE FL 33068
C	STACY COLE	195 SOUTH STATE Rd 7	MARGATE FL 33068
VP	MURINE WRIGHT	195 SOUTH STATE Rd 7	MARGATE FL 33068

400041636934
10/06/04--01020--016 **450.00

10. 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: Stacy Cole STACY COLE CHAIRMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-02-04 Daytime Phone #

1015/04

Pineapple entertainment

DIVISION OF CORPORATION
TELLAHASSEE FL.
OCT 04/04

REINSTATEMENT DIVISION

DEAR SIR.

RE. DOCUMENT# P01000114780

FURTHER TO OUR CONVERSATION
THIS IS TO INFORM YOU THAT
NO ANNUAL REPORT WAS RECEIVED
OVER THE PAST THREE YEARS. AS
A RESULT THE CORPORATION WAS
DISSOLVED. PLEASE WAIVE THE
PENALTIES FOR REINSTATEMENT AND
ACCEPT $450.00 AS FULL PAYMENT.

THANK YOU,
Stacy Cole