### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPL\*CATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000108529

1. Corporation Name

THE PURPLE PINEAPPLE ANTIQUE MALL, INC.

Principal Place of Business

Mailing Address

317 NORTH DONNELLY STREET MOUNT DORA FL 32757

317 NORTH DONNELLY STREET MOUNT DORA FL 32757

FILED

03 NOV -3 PM 5: 22

SECRETARY OF STATE FALLAHASSEE, FLORIDA

If above	addrosses ar	a incorrect in any way lir	se through incorrect i	information ar	nd enter correction below	KFIN	SIRTEN	EN 23	**********************
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable					dress, If Applicable		porated or Qualified ness in Florida	10/08/2002	
Suite, Apt	,		Suite, Apt. #			5. FEI Numbe	nber Applied For		
City & State			City & State	City & State		<u> //</u>	3084888 - Not Applicable		
Zip Country			Zip		Country	CERTIFICATE OF STATUS DESIRED Control of Status			
7. Names	and Street A	ddresses of Each Officer	and/or Director (Flo	orida nonprofi	t corporations must list at l	east 3 directors)			
Title(s) 1	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direc			City / State / Zip		
P	SANDVOLD, D.			317 N. DONNELLY STREET			MOUNT DORA FL 32757		
	-	<u></u>					4		
				<del> </del>	<u> </u>		<del>_</del>		
	ļ		<del></del>	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·				
	8. Na	me and Address of Cur	rent Registered Ag	ent		Name and Address of New Registered Agent			
SAND	VOLD, D. E	RIK			Name				
		INELLY STREET	<del></del>	<del>.</del> <del></del>	Street Address	(P.O. Box Number	is Not Acceptable)		(SUZ) ONOSCO
MOUNT DORA FL 32757				Suite, Apt. #, E		ic.			
					City			State Zip Code	
10. I, bein	g appointed t	he registered agent of the	e above named corp	oration, am fa	miliar with and accept the	obligations of Sect	tion 607.0505, F.S. or 61	7.0505, F.S.	

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: X

Signature of Registered Agent 3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10-27-03

Daytime Phone #

CH2E040 (//0)

# THE PURPLE PINEAPPLE ANTIQUE MALL, INC. 317 NORTH DONNELLY STREET MT. DORA, FLORIDA 32757

October 27, 2003

Florida Department of State Glenda E. Hood Secretary of State Division of Corporation

RE: Application for Reinstatement

P0230000108529

Dear Sir:

Per our phone conversation this morning I am writing this letter to inform you that we did not receive the reject letter initially sent. It is my understanding that everything was correct with the exception of the FEI number was not filled in.

Per instructions received this date we are submitting the reinstatement with the FEI number.

Thank you for your help in this matter, it is appreciated.

Sincerely, Sand vold

D. Erik Sandvold, President

THE CONTROL STATE OF THE COME OF THE CONTROL

mily of

The Control of the Co