

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -8 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000062034**

1. Corporation Name

Pineapple Grille, Inc.

2. Principal Office Address

800 PALM TRAIL

Suite, Apt. #, etc.

SUITE 5

City & State

DELRAY BEACH

Zip

33483

Country

USA

3. Mailing Office Address

3035 PINE TREE LN

Suite, Apt. #, etc.

City & State

BOYNTON BEACH

Zip

33435

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/94

5. FEI Number

65-0517482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

CHARLES H. TOBIAS

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

3035 PINE TREE LANE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33435

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

Charles H. Tobias, agent/pro

Date

11/3/05

REGISTERED AGENT MUST SIGN

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
PRES	CHARLES H. TOBIAS	3035 PINE TREE LANE	BOYNTON BEACH, FL 33435

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)(f), 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:

Charles H. Tobias Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/05 5d-707 8715

Date

Daytime Phone #