

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

01 MAR 30 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 99000007772

1. Limited Liability Company's Name

PEPPER TREE MANAGEMENT, LLC

2. Principal Office Address

12561 ALADDIN ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

32223

Country

U.S.A.

Zip

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

3/1/01

6. FEI Number

59-3698538

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

DAVID A. PEPPERS

900003962189-2

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

12561 ALADDIN ROAD

04/06/01-01034-007

****205.00 ****205.00

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32223

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3/20/01

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
<u>MGRM</u>	<u>DAVID A. PEPPERS</u>	<u>12561 ALADDIN ROAD</u>	<u>JACKSONVILLE, FL 32223</u>

REINSTATEMENT

00-01-015
dec

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

[Signature]

Date 3/20/01

Daytime Phone # 904-262-6762

Typed or printed name of signing Managing Member/Manager

DAVID A. PEPPERS