

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAY -5 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007772

1. Limited Liability Company's Name

Peppertree Mgt. LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

425 Bay Point Way N

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

Country

32259

St. Johns

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

59-3498538

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

BOBBY PEPPERS

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

425 Bay Point Way N.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32259

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 5.5.08

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>Mgr.</u>	<u>DAVID PEPPERS</u>	<u>425 Bay Point Way N.</u>	<u>JACKSONVILLE, FL 32259</u>
<u>Mgr.</u>	<u>BOBBY PEPPERS</u>	<u>425 Bay Point Way N.</u>	<u>JACKSONVILLE, FL 32259</u>

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**REINSTATEMENT** 2006-08

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]  
BOBBY PEPPERS

Date 5.5.08

Daytime Phone # 904-465-0916

Typed or printed name of signing Managing Member/Manager