PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 20 AM 7:47

DOCUMENT # M08000002397

1. Limited Liability Company's Name

Peppertree Partners Oregon LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
22 Snug Harbor Drive	PO BOX 367
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stevenson, WA	City & State: Stevenson, WA
Zip: 98648 Country: USA	Zip: 98648 Country: USA

4. State/Country of Formation: Oregon, USA

5. Date Organized or Qualified To Do Business In Florida: 5/21/2008

6. FEI Number: [ ] Applied For [✓] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [☑] $5.00 Additional Fee required for all Certificates of Status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 E. Park Avenue

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

E-mail Address:

400207955024
05/23/11--01001--003 **521.25

(To be used for future annual report notices)

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: NRAI Services, Inc. By: Debbie Brouse - Asst Secretary Date: 5/19/11

REGISTERED AGENT MUST SIGN

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
MGR	Diamond S, Inc.	22 Snug Harbor Drive	Stevenson, WA 98648

REINSTATEMENT 2009-2011

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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Irving G. Snyder Jr. Date: 5/19/11 Daytime Phone #: 503 997-7338

Typed or printed name of signing Managing Member/Manager: Irving G. Snyder, Jr.