PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
16 MAY -2 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39485

1. Corporation Name
Peppertree Estates Homeowners Association Inc

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
26530 Mallard Way	26530 Mallard Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda FL	City & State: Punta Gorda, FL
Zip: 33950 Country: US	Zip: 33950 Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0248324 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $5.00 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Star Hospitality Management, Inc.
Street Address (P.O. Box Number is Not Acceptable): 26530 Mallard Way
Suite, Apt. #, Etc.
City: Punta Gorda State: FL Zip Code: 33950

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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: Sherry Danlo Date: 4-25-16
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
P	Martin Vonholden	26530 Mallard Way	Punta Gorda FL 33950
VP	Keith Scanlon	26530 Mallard Way	Punta Gorda, FL 33950
S	Mary Piazza	26530 Mallard Way	Punta Gorda, FL 33950
T	Crispin Guerzo	26530 Mallard Way	Punta Gorda, FL 33950
D	Charles Amatore	26530 Mallard Way	Punta Gorda, FL 33950

REINSTATEMENT

10. E-mail Address: G.Boux@Starhospitality Management.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify 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: x Martin H. Von Holden 4/25/2016 9417649849
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

MARTIN H. Von Holden, President, Peppertree Estates HOA, Inc

FILED
MAY 3 A.M.
S. HAWKES