

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUL 23 AM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900158274489  
07/08/09--01050--009 \*\*450.00

**REINSTATEMENT** 07-09  
CR 2 F 031 (12/08)

**DOCUMENT # P06000150924**  
1. Corporation Name  
**PEPPERMINT 4 PLACE, INC**  
W09 - 32386

2. Principal Office Address - No P.O. Box # 15247 S.W.165 St.		3. Mailing Office Address 15247 S.W.165 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Fl.		City & State Miami, Fl.	
Zip 33187	Country United States	Zip 33187	Country United States

4. Date incorporated or Qualified To Do Business in Florida 12/06/2006	
5. FEI Number NONE	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Downer, Wilma E.

Street Address (P.O. Box Number is Not Acceptable)  
15247 S.W.165 St.

Suite, Apt. #, Etc.

City State Zip Code  
Miami, Fl. FL 33187

The 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 reinstatement fee be waived.

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 Wilma E. Downer Date 2/09/09  
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
PD	Wilma E. Downer	15247 S.W.165 St.	Miami, Fl. 33187
STD	Odell Downer Sr.	15247 S.W.165 St.	Miami, Fl. 33187

**REINSTATEMENT**

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 contained in Chapter 119, 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:** Wilma E. Downer **Wilma E. Downer** **2/09/09** **305-252-6020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #