

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

TO MAY -4 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO7000086674**

1. Corporation Name

Peppers 3 INC

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

1140 CAPITAL Cir SE

Suite, Apt. #, etc.

15

City & State

TALLAHASSEE FL

Zip

32301

Country

Leon

3. Mailing Office Address

1140 CAPITAL Cir SE

Suite, Apt. #, etc.

15

City & State

TALLAHASSEE FL

Zip

32301

Country

Leon

200180240812
05/04/10--01037--001 *458.75**

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

8-1-07

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Juan C Angel

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

1306 Woodward AVE

Suite, Apt. #, Etc.

City

Port St Joe

State

FL

Zip Code

32456

☒ 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

Juan C Angel

Date

5-4-10

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
President	Juan C Angel	1306 Woodward Ave	Port St Joe FL 32456

10. E-mail Address: **peppers3inc@live.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., 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.

SIGNATURE:

Juan C Angel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-10

Date

877-2020

Daytime Phone

5/4/10