PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

04 JUL -1 PM 12: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *404280*

1. Corporation Name
Cottage Hill Estates, Inc.

2. Principal Office Address
900 North 12th Ave
Suite, Apt. #, etc.
—
City & State
Pensacola, FL
Zip *32501* Country *USA*

3. Mailing Office Address
Same
Suite, Apt. #, etc.
—
City & State
—
Zip — Country —

300038529663
07/01/04--01015--012 **1350.00

4. Date Incorporated or Qualified To Do Business in Florida *6-30-1972*

5. FEI Number *59-1546877*   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 *Ted G. Gund*

Street Address (P.O. Box Number is Not Acceptable)
900 North 12th Ave.

REINSTATEMENT 00-04

Suite, Apt. #, Etc. —

City *Pensacola*   State **FL**   Zip Code *32501*

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 _____   Date *6-25-04*
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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 D	Ted G. Gund	900 North 12th Ave	Pensacola, FL 32501
S D	Charles F. Gund, Jr.	900 North 12th Ave	Pensacola, FL 32501

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 under section 119.07(3)(i), 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: _____   *6-25-04*   *850-435-8300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #