

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
 1996-2014



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 14 AUG 15 AM 8:56
 ALLAHASSEE, FLORIDA

DOCUMENT # 758460
 1. Corporation Name
 Colonial Pines, Inc.

2. Principal Office Address - No P.O. Box #
 6601 Bayshore Rd
 Suite, Apt. #, etc.

3. Mailing Office Address
 W14-46358
 P.O. Box 2148
 Suite, Apt. #, etc.

City & State
 N. Ft Myers FL Ft Myers, FL

Zip Country Zip Country
 33917 Lee 33902 Lee

4. Date Incorporated or Qualified To Do Business in Florida
 05/21/1981

5. FEI Number
 59-2159242

6. CERTIFICATE OF STATUS DESIRED
 \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 Richard H. Pritchett, III

Street Address (P.O. Box Number is Not Acceptable)
 6601 Bayshore Road

Suite, Apt. #, Etc.

City State Zip Code
 N Ft Myers, Florida FL 33917

400263337124
 08/15/14--01028--005 **1338.75

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 *[Signature]* Date 07/16/2014
 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
FD	Richard H. Pritchett, III	6601 Bayshore Rd,,	n. Ft. Myers, FL 33917
STD	Richard H. Pritchett, IV	6601 Bayshore Rd.,	N. Ft. Myers, FL 33917
VD	Andrew R. Pritchett	6601 Bayshore Rd.,	N. Ft. Myers, FL 33917

96-14 1338.75
 W14-46358

10. E-mail Address: rpritchett@carteroutdoor.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: *[Signature]* Richard H. Pritchett, III Date 07/16/2014 Daytime Phone # 239 543-3434

K. ASHTON