

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  
 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  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:**  Richard H. Pritchett, III 07/16/2014 239 543-3434  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. ASHTON