

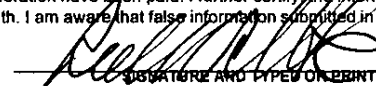


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 1996-2014		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 AUG 15 AM 8:56 TALLAHASSEE, 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		City & State Ft Myers, FL		4. Date Incorporated or Qualified To Do Business in Florida 05/21/1981	
Zip 33917	Country Lee	Zip 33902	Country Lee	5. FEI Number 59-2159242 Applied For Not Applicable	
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.				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
City N Ft Myers, Florida		State FL	Zip Code 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: <u>rpritchett@carteroutdoor.com</u> (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	
K. ASHTON					