2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000107823

F-4:4 - No---- PINE IOLAND PROPERTIES

ECHOLS, CANDACE K

12149 BLACK HAWK DR

CONIFER, CO 80433 US

Name:

Address: City-St-Zip: FILED Mar 12, 2008 Secretary of State

Entity Name: PINE ISLAND PROPERTIES GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 2381 OLEANDER ST 12016 MATLACHA BLVD. ST. JAMES CITY, FL 33956 SUITE C MATLACHA, FL 33991 **Current Mailing Address: New Mailing Address:** PO BOX 807 PO BOX 38 ST. JAMES CITY, FL 33956 MATLACHA, FL 33991 FEI Number: 65-0966940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROWLS, SUELLEN 11066 MATLACHA AVE MATLACHA, FL 33993 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: SUELLEN ROWLS Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ALLEN, BEVERLY J Name: Name: 11066 MATLACHA AVENUE Address: Address: City-St-Zip: MATLACHA, FL 33993 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ROWLS, SUELLEN Name: 11066 MATLACHA AVENUE Address: Address: MATLACHA, FL 33993 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SUELLEN ROWLS D 03/12/2008