

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN -6 PM 2:58

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name  
**ALPINE COUNTRY MOBILE HOMES INC**  
**P 9800006257B**

2. Principal Office Address - No P.O. Box #  
**675 E. PASO FINO CIR**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**675 E. PASO FINO CIR**  
Suite, Apt. #, etc.

City & State  
**Clewiston FL**

City & State  
**FL**

Zip Country  
**33440 HENDRY**

Zip Country  
**33440 HENDRY**

**REINSTATEMENT 03-07**  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida  
**7-16-88**

5. FEI Number  
**650852511**

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  
**JOSEPH WALD**

Street Address (P.O. Box Number is Not Acceptable)  
**16799 TANGERINE BLVD**

Suite, Apt. #, Etc.

City State Zip Code  
**LOXAHATCHEE FL 33470**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **5-30-07**

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
Pres	ROBIN SCHIARD	675 E. PASO FINO CIR	Clewiston FL 33440
V.P.	JOSEPH WALD	16799 TANGERINE BLVD	LOXAHATCHEE FL 33470
Pres	ELEONORA LOTITO	675 E. PASO FINO CIR	Clewiston FL 33440
	<b>[Signature]</b>		700104258697 05/12/07--01019--016 **750.70

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 contained in Chapter 119, 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: **[Signature]** Date **5-30-07** Daytime Phone # **561-753-3081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR