

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JUL 21 P 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000074738

1. Corporation Name

J.D. ALPINE ENTERPRIZES INC

600158710196
07/21/09--01007--009 **\$600.00

2. Principal Office Address - No P.O. Box #
1251 DRIFTWOOD DRIVE

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.
same

City & State

N FORT MYERS FL

City & State

same

Zip

33903

Country

usa

Zip

same

Country

same

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 05-20-2005

5. FEI Number
42-1691774

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
KAREN S DEAVER

Street Address (P.O. Box Number is Not Acceptable)
1251 DRIFTWOOD DRIVE

Suite, Apt. #, Etc.

City
N FORT MYERS

State
FL

Zip Code
33903

☒ 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

Karen S. Deaver
REGISTERED AGENT MUST SIGN

Date 7/15/09

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
D P	DEAVER, JEROME C	1251 DRIFTWOOD DRIVE	N FORT MYERS FL 33903
D V S	DEAVER, KAREN S	1251 DRIFTWOOD DRIVE	N FORT MYERS FL 33903

REINSTATEMENT
06-09
RBS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/09
Date

Daytime Phone #

239-344-6067