

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 MAR -4 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name 759157

Alpine woods of Rolling hills Homeowner's  
Association, INC.

300144978923  
03/04/09--01036--009 \*\*\*420.00

**2. Principal Office Address - No P.O. Box #**

8402 SW 41 STREET

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33328

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**  
CR2E081 (12/08) 07-09

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/13/1981

**5. FEI Number**

65-0105462

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

EMMA LOU CODLING

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

8401 SW 41 STREET

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

☐ 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

*Emma Lou Codling*  
REGISTERED AGENT MUST SIGN

Date 3/3/09

**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
P	JOHN NELSON	4020 SW 82 TERRACE	DAVIE, FL 33328
V	JIM GILCHRIST	4021 SW 82 TERRACE	DAVIE, FL 33328
S	EMMA LOU CODLING	8401 SW 41 STREET	DAVIE, FL 33328
D	MARK CHURCHILL	3980 SW 84 TERRACE	DAVIE, FL 33328
D	LINDA WILLIAMS	8441 SW 40 COURT	DAVIE, FL 33328

**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:**

*Emma Lou Codling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2009

Date

954-434-8300 or

954-529-5003

Daytime Phone #

B. Mitchell MAR 4 2009