

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM...

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -7 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 759157

**1. Corporation Name**

Alpine Woods of Rolling Hills  
Homeowners' Association, Inc.

**2. Principal Office Address**

3921 W. State Rd 84

Suite, Apt. #, etc.

Suite 201

City & State

Davie, FL

Zip

33312

Country

USA

**3. Mailing Office Address**

8188 S. Coral Circle

Suite, Apt. #, etc.

City & State

North Lauderdale, FL

Zip

33068

Country

USA

**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

Alan Erdlee

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

3921 W. State Rd 84

Suite, Apt. #, Etc.

Suite 201

City

Davie

State

FL

Zip Code

33312

**8. I, being appointed the registered agent of this 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

9-29-03

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
PD	James Jeffers	8251 SW 41 Street	Davie, FL 33328
D	Linda Williams	8441 SW 40 Court	Davie, FL 33328
SD	Emma Lou Codling	8401 SW 41 Street	Davie, FL 33328
D	Craig Newberg	4061 SW 82 Terrace	Davie, FL 33328
D	Barbara Daily	8231 SW 41 Street	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 under section 119.07(3)(i), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-29-03

Daytime Phone #

854-583-5862

71 10/8

CR2081 (10/02)