2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000001964

Address:

City-St-Zip:

Entity Name: ALPINE BATTERY CO. INC.

FILED Oct 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1 SOUTH "A" STREET SUITE #103 PENSACOLA, FL 32501 PENSACOLA, FL 32501 **Current Mailing Address: New Mailing Address:** 24355 CAPITOL AVE REDFORD, MI 48239 FEI Number: 38-1909799 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: HIRSCHBERG, EDWARD 1463 GLENMORE CT. APOPKA, FL 32718 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: EDWARD HIRSCHBERG 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 HIRSCHBERG, PAUL Name: Name: 24355 CAPITOL Address: Address: City-St-Zip: REDFORD, MI 48239 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CENTELLA, HARRY Name: 5595 TAYLOR FORGE DR. Address: Address: MILLINGTON, TN 38053 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition LEONETTI, ROBERT Name: Name: 1509 SOUTH WRIGHT BLVD. Address Address: City-St-Zip: SCHAUMBURG, IL 60193 City-St-Zip: Title: () Delete Title: () Change (X) Addition LIGHT, ERIC Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

24355 CAPITOL AVE

REDFORD, MI 48239

SIGNATURE: ERIC LIGHT J 10/20/2005