

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 28 PM 2:41

DOCUMENT # F03000001964

1. Corporation Name

Alpine Battery Co., Inc.

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

1144 Ocoee Apopka Road

Suite, Apt. #, etc.

Suite 104

City & State

Apopka, FL

Zip

32703

Country

United States

3. Mailing Office Address

24355 Capitol Avenue

Suite, Apt. #, etc.

City & State

Redford, MI

Zip

48239

Country

United States

100156508891
05/28/09--01005--022 **608.75

REINSTATEMENT

06-09ks

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

4/17/2003

5. FEI Number

38-1909799

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

Mark Edwards

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

1144 Ocoee Apopka Road

Suite, Apt. #, Etc.

Suite 104

City

Apopka

State

FL

Zip Code

32703

☒ 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

REGISTERED AGENT MUST SIGN

Date 5/19/2009

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	Paul Hirschberg	24355 Capitol Avenue	Redford, MI 48239
S/D	Harry Centella	24355 Capitol Avenue	Redford, MI 48239
T/D	Robert Leonetti	24355 Capitol Avenue	Redford, MI 48239
CFO	Eric Light	24355 Capitol Avenue	Redford, MI 48239

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:

Eric Light

5/19/2009

313-531-6600 x 12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #