## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F06000003702

Entity Name: ALFA LEISURE, INC.

FILED Oct 11, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1612 S. CUCAMONGA AVENUE ONTARIO, CA 91761 **Current Mailing Address: New Mailing Address:** 1612 S. CUCAMONGA AVENUE ONTARIO, CA 91761 FEI Number: 33-0872514 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: CT CORPORATION SYSTEM 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 CREAN, JOHNNIE R Name: Name: 1612 S. CUCAMONGA AVENUE Address: Address: City-St-Zip: ONTARIO, CA 91761 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: NOGALES, LUIS Name: 1612 S. CUCAMONGA AVENUE Address: Address: ONTARIO, CA 91761 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete CFO (X) Change ( ) Addition CREAN, ANDREW MIKE, GRAY Name: Name: 1612 S. CUCAMONGA AVENUE 1612 S. CUCAMONGA AVENUE Address: Address: City-St-Zip: ONTARIO, CA 91761 City-St-Zip: ONTARIO, CA 91761 Title: () Delete Title: (X) Change ( ) Addition JONES, LARRY SMITH, CAROL Name: Name: Address: 1612 S. CUCAMONGA AVENUE Address: 1612 S. CUCAMONGA AVE. City-St-Zip: City-St-Zip: ONTARIO, CA 91761 ONTARIO, CA 91761 Title: (X) Delete Title: () Change () Addition KELLY, MICHAEL Name: Name: 1612 S. CUCAMONGA AVENUE Address: Address: City-St-Zip: ONTARIO, CA 91761 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: SMITH, CAROL Name: 1612 S. CUCAMONGA AVENUE Address: Address: City-St-Zip: City-St-Zip: ONTARIO, CA 91761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: MIKE GRAY CFO 10/11/2007