

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 28 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005465

1. Corporation Name

The Alpen House Limited, Corporation

Principal Place of Business

Mailing Address

14875 Bayview Ave., RR#2
Aurora Ontario Canada L4G 3G8

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~14216 N US Highway 27~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

14216 N US Highway 27
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/96

5. FEI Number

98-0076788

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

~~XXXXXX~~

Zip

~~XXXX~~

Country

City & State

Ocala, FL

Zip

34482

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	STRONACH, BELINDA	14875 Bayview Ave. RR#2	Aurora, Ontario L4G 3G8
SD	STRONACH, ELFRIEDE	14875 Bayview Ave. RR#2	Aurora, Ontario L4G 3G8
VD	STRONACH, ANDREW	6 Humberline Dr., Unit 903	Etobicoke, Ontario

REINSTATEMENT

98 DEC 29/98

8. Name and Address of Current Registered Agent

Mark Roberts
14216 N US Highway 27
Ocala, FL 34482

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

XXXXXXXXXX 734626

01/08/99-01064-009

****750.00 ****750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12-15-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

Belinda Stronach, President

352-620-2343

Date

Daytime Phone #

December 22, 1998

CR2040 (1/88)