

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV -7 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000000131**

1. Corporation Name

**ALPINE HOLDING CORP.**

Principal Place of Business

Mailing Address

700 RT. 46 E.  
FAIRFIELD NJ 07004

700 RT. 46 E.  
FAIRFIELD NJ 07004



REINSTATEMENT

2000

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

~~76-051313~~  
75-0511313

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

| Title(s)<br>1  | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | 4                             |
|----------------|---|--|-------------------------------|
| <del>VP</del>  | <del>SIMON, DAVID</del>                   | <del>700 RT. 46 E.</del>                               | <del>FAIRFIELD NJ 07004</del> |
| <del>VPS</del> | BERNANDINO, JOSEPH                        | 700 RT. 46 E.  | FAIRFIELD NJ 07004            |
| <del>P</del>   | VICARI, DOUGLAS                           | 700 RT. 46 E.  | FAIRFIELD NJ 07004            |
| <del>VP</del>  | <del>MAGUIRE, ROBERT</del>                | <del>700 RT. 46 E.</del>                               | <del>FAIRFIELD NJ 07004</del> |
| VPT-AS         | Richard Szymanski                         | 700 Rt 46 E  | Fairfield NJ 07004            |

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Laura R. Dunlap*  
REGISTERED AGENT MUST SIGN

Laura R. Dunlap  
as its agent

Date 11-7-00

11. 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:

*Joseph Bernadino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Bernadino, VPS

10/25/00 973-882-1010  
Date Daytime Phone #

CR2E040 (8/00)