

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

**FILED**  
 01 OCT 30 AM 11: 26  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT #** K08601  
**1. Corporation Name**  
 Alpine Tree Service, Inc.

<b>2. Principal Office Address</b> 8427 Crane's Roost Dr. Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 8427 Crane's Roost Dr. Suite, Apt. #, etc.	
City & State New Port Richey, Fl.		City & State New Port Richey, Fl.	
Zip 34654	Country USA	Zip 34654	Country USA

**4. Date Incorporated or Qualified To Do Business in Florida** 12/23/1987

**5. FEI Number** 59-2859852 **Applied For**  
 Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

*Carol Ann*

**7. Name and Address of Current Registered Agent**

Name Doug Pickeral		700004688207--5	
Street Address (P.O. Box Number is Not Acceptable) 8427 Crane's Roost Dr.		11/23/01 01886 007 ***1050.00 ***1050.00	
Suite, Apt. #, Etc.			
City New Port Richey, FL	State FL	Zip Code 34654	

**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 *Doug Pickeral* Date 10-22-01  
 REGISTERED AGENT MUST SIGN

**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
PD	Doug Pickeral	8427 Crane's Roost Dr.	New Port Richey, Fl. 34654
STD	Glenn Fifer	8427 Crane's Roost Dr.	New Port Richey, Fl. 34654

**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 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:** *Doug R Pickeral* Doug R Pickeral President 10-22-01 (727)815-8733  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRCE081 (8/00)