

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

13 FEB 25 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L11-109119

1 Limited Liability Company's Name

ALPINE CUSTOM CONSTRUCTION  
AND DEVELOPMENT LLC

REINSTATEMENT

CR2E041 (1/11)

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

2367 KEMP RD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAVANA FL

City & State

Zip

32333

Country

GAUSDEN

Zip

Country

4. State/Country of Formation

FLORIDA / U.S.

5. Date Organized or Qualified  
To Do Business in Florida

9-23-11

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

WILLIAM MCEWEN

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

2367 KEMP RD.

Suite, Apt. #, Etc.

City

HAVANA

State

FL

Zip Code

32333

E-mail Address:

B.MCEWEN @ AOL

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*William McEwen*

Date 2-25-13

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	WILLIAM MCEWEN	2367 KEMP RD	HAVANA FL 32333
MEM	CARINDA MCEWEN	2367 KEMP RD	HAVANA FL 32333

500245041315

FEB 25 2013

02/25/13 01012 091 \*\*\*77.50

S. PRATHER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

*William McEwen*

Date 2-25-13

Daytime Phone # 850 544 7368

Typed or printed name of signing Managing Member/Manager