

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP 26 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000044141

**1. Corporation Name**

Alpine Wolf, Inc.

REINSTATEMENT 03

**2. Principal Office Address**

19 Birch Ave

**3. Mailing Office Address**

19 Birch Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Shalimar Florida

City & State

Shalimar Florida

Zip

Country

32579 USA

Zip

Country

32579 USA

**4. Date Incorporated or Qualified To Do Business in Florida**

5/1/2000

**5. FEI Number**

59-3709106

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required for a Certificate of Status

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

Name

Richard S. Wolf

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

19 Birch Avenue

Suite, Apt. #, Etc.

City

Shalimar

State

FL

Zip Code

32579

**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

*Richard S. Wolf*

REGISTERED AGENT MUST SIGN

Date

9-24-03

**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
P/T	Richard H. Wolf	17114 Greysac Ct	Cornelius NC 28032
V/S	Arno Ahornegger	Sonnenhang 153 A-8786 Rottenmann	Austria Europe

**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:**

*Richard S. Wolf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

215/25