

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 JAN -3 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000053561**

1. Corporation Name

**ALPINE REAL ESTATE CORPORATION**

Principal Place of Business

Mailing Address

~~452 EAST ALPINE STREET~~  
~~ALTAMONTE SPRINGS FL 32701~~

~~452 EAST ALPINE STREET~~  
~~ALTAMONTE SPRINGS FL 32701~~

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

1061 Tuscan Place  
Suite, Apt. #, etc.

1061 Tuscan Place  
Suite, Apt. #, etc.

City & State  
Winter Park, FL

City & State  
Winter Park, FL

Zip  
32789 Country  
USA

Zip  
32789 Country  
USA

**REINSTATEMENT**

*CA*

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/1995

5. FEI Number

59-3376189

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>P</del>	<del>STEFFEK, MARK C</del>	<del>452 EAST ALPINE STREET</del>	<del>ALTAMONTE SPRINGS FL 32701</del>
P	Steffek, Mark C.	1061 Tuscan Place	Winter Park, FL 32789

100003095501--6  
-01/12/00--01013--024  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

STEFFEK, MARK C  
~~452 EAST ALPINE STREET~~  
~~ALTAMONTE SPRINGS FL 32701~~

9. Name and Address of New Registered Agent

Name  
Mark C. Steffek  
Street Address (P.O. Box Number is Not Acceptable)  
1061 Tuscan Place  
Suite, Apt. #, Etc.  
City  
Winter Park State  
FL Zip Code  
32789

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

*Mark C. Steffek*  
**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12/28/99

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Mark C. Steffek*  
**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark C. Steffek

12/28/99 (407) 332-9243  
Date Daytime Phone #

**KE**