

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -6 PM 2:58

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
ALPINE COUNTRY MOBILE HOMES INC
P 9800006257B

2. Principal Office Address - No P.O. Box #
675 E. PASO FINO CIR
Suite, Apt. #, etc.

3. Mailing Office Address
675 E. PASO FINO CIR
Suite, Apt. #, etc.

City & State
Clewiston FL

City & State
FL

Zip Country
33440 HENDRY

Zip Country
33440 HENDRY

REINSTATEMENT 03-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
7-16-88

5. FEI Number
650852511

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
JOSEPH WALD

Street Address (P.O. Box Number is Not Acceptable)
16799 TANGERINE BLVD

Suite, Apt. #, Etc.

City State Zip Code
LOXAHATCHEE FL 33470

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **[Signature]** Date **5-30-07**
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
Pres	ROBIN SCHIERD	675 E. PASO FINO CIR	Clewiston FL 33440
V.P.	JOSEPH WALD	16799 TANGERINE BLVD	LOXAHATCHEE FL 33470
Pres	ELEONORA LOTITO	675 E. PASO FINO CIR	Clewiston FL 33440
	[Signature]		700104258697 05/12/07--01019--016 **750.70

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 contained in Chapter 119, 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: **[Signature]** Date **5-30-07** Daytime Phone # **561-753-3081**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR