PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 29 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097451

1. Corporation Name

ALPINE WOOD FLOORS, INC.

Principal Place of Business	Mailing Address
1395 East Oakland Park Blvd. Oakland Park, FL 33308	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
1395 East Oakland Park Blvd	42 S.W. 34nd Avenue	11/16/98 SR
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 65-0881482 ☐ Applied For ☐ Not Applicable
City & State: Oakland Park, Florida	City & State: Miami, FL	6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status
Zip: 33308 Country: Broward	Zip: 33315 Country: Miami-Dade	

7. Name 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	HAROLD HUSSMAN GUNTHER	1395 East Oakland Park Blvd.	Oakland Park, FL 33308

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-11/03/99--01036--016
****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HAROLD HUSSMAN GUNTHER 1395 East Oakland Park Blvd Oakland Park, Florida 33308	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

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: (X) Harold Hussman Gunther Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand the Division of Corporations has the facility of non-compliance with Section 119.07(3)(i), in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon 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., and that all taxes levied by the corporation have been paid. This information, indicated on this application, is true and accurate, and my signature shall have the same legal effect as if made under oath.

Harold Hussman Gunther

SIGNATURE: Harold Hussman Gunther DATE