

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # K16185

1. Corporation Name

KING LUDWIG CORPORATION

Principal Place of Business

902 LEE BLVD.
LEHIGH ACRES FL 33906

Mailing Address

902 LEE BLVD.
LEHIGH ACRES FL 33906

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
96 DEC -2 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1996 12/3/96 mw8

4. Date Incorporated or Qualified To Do Business in Florida	02/23/1988
5. FEI Number	65-0038543
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	HALUSA, GERHARD	609 ROBERT	LEHIGH ACRES FL
VPD	SPINDLER, MARIA	609 ROBERT	LEHIGH ACRES FL
			200002019462-5 -12/04/96-01064-013 \$375.00 \$375.00

8. Name and Address of Current Registered Agent

HALUSA, GERHARD
609 ROBERT
LEHIGH ACRES FL 33906

9. Name and Address of New Registered Agent

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 607.0506, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/13-96

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 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)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

11/26/96 941-368-302
Date Daytime Phone #

000000 (1/96)