

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN -7 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L08000039541

1. Limited Liability Company's Name

Ludo Marine LLC

500164685765  
01/06/10--01011--003 \*\*150.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

1348 Washington Ave

Suite, Apt. #, etc.

271

City & State

Miami Beach, FL

Zip

33139

Country

US

3. Mailing Office Address

1348 Washington Ave

Suite, Apt. #, etc.

271

City & State

Miami Beach, FL

Zip

33139

Country

US

4. State/Country of Formation

FL, US

5. Date Organized or Qualified To Do Business in Florida

04/21/08

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

James H II Perry

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

2550 S. Bayshore Drive

Suite, Apt. #, Etc.

# 11

City

Miami

State

FL

Zip Code

33133

A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

JP

Date 12/30/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	<u>Mario Coratti</u>	<u>1348 Washington Ave</u>	<u>Miami Beach, FL 33139</u>
	<b>L. SELLERS</b>		
	<u>JAN - 8 2010</u>		
	<b>EXAMINER</b>	<b>REINSTATEMENT</b>	<u>09</u>

11. E-mail Address: Corattig@finworld.it

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Mario Coratti

Date

12/30/09

Daytime Phone

(305) 644-9144

Typed or printed name of signing Managing Member/Manager

Mario Coratti