

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAY 20 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000042997**

1. Corporation Name

LUDIAN INVESTMENT CORPORATION

000005678340--0
-06/04/02--01086--009
****558.75 ****558.75

2. Principal Office Address

1390 Brickell Avenue

Suite, Apt. #, etc.
Suite 200

City & State

Miami, Florida

Zip
33131

Country
USA

3. Mailing Office Address

1390 Brickell Avenue

Suite, Apt. #, etc.
Suite 200

City & State

Miami, Florida

Zip
33131

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number *65-0918877*

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

Alvaro Castillo B., P.A.

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

1390 Brickell Avenue

Suite, Apt. #, Etc.

Suite 200

City

Miami

State
FL

Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date *5-17-02*

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
<i>VP</i>	<i>Hugo Anselmo De Hoffmann</i>	<i>1390 Brickell Avenue, #200</i>	<i>Miami, Florida 33131</i>
<i>P/T</i>	<i>Patricia L. De Hoffmann</i>	<i>1390 Brickell Avenue, #200</i>	<i>Miami, Florida 33131</i>
<i>S</i>	<i>Cinthya M. Fleischheker</i>	<i>1390 Brickell Avenue, #200</i>	<i>Miami, Florida 33131</i>

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 under section 119.07(3)(i), 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:

Hugo Hoffmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/09
Date

(305) 371-5540
Daytime Phone #

CR2E081 (9/00)