

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F00000004989

1. Corporation Name

LUDLOW FIBC CORPORATION

Principal Place of Business

2550 WEST FIFTH NORTH STREET  
SUMMERVILLE SC 29483-9699

Mailing Address

2550 WEST FIFTH NORTH STREET  
SUMMERVILLE SC 29483-9699

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

2. New Principal Office Address, If Applicable

13260 NW 45 AVE

Suite, Apt. #, etc.

OPA LOCKA

City & State

FL

Zip

33054

Country

USA

3. New Mailing Office Address, If Applicable

13260 NW 45 AVE

Suite, Apt. #, etc.

OPA LOCKA

City & State

FL

Zip

33054

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/2000

5. FEI Number

57-0943942

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
CEO	WOMACK, SCOTT	2550 W. 5TH NORTH STREET	SUMMERVILLE SC 29483
S	CRAWFORD, C. SUZANNE	C.P. 1719 SUCCURSALE ST. LAURENT	ST. LAURENT, QUE., CANADA SC-29
T	LAPOLLA, ANTOINETTE	C.P. 1719 SUCCURSALE ST. LAURENT	ST. LAURENT, QUE., CANADA SC-29
D	BAMATTER, PAUL J	1040 AVE. OF THE AMERICAS	NEW YORK NY 10018
VP	CARLOS ECHIVERIA	13260 NW 45 AVE	OPA LOCKA FL 33054
VP	MARK FOLEY	1 TYCO PARK	EXETER NH 03833
S	M. BRIAN MOROZE	1 TYCO PARK	EXETER NH 03833

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

City

State

FL

Zip

33054

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

James A. Bordonaro  
Assistant Secretary

Date

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/02 305 702-5000

CR2E040 (9/02)