

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

02 NOV 27 PM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000002069

1. Limited Liability Company's Name
LUDWIG HOLDING COMPANY, LLC

M99000002069

2. Principal Office Address

1560 LR JEWEL RD

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip Country

33134

3. Mailing Office Address

1111 96 ST

Suite, Apt. #, etc.

City & State

BAY HARBOR, FL

Zip Country

33154

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12-27-1989

6. FEI Number

6509643328

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

ROBERT P. LUDWIG

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

702 CANOR CREEK RD

Suite, Apt. #, Etc.

City

KENANSVILLE

State

FL

Zip Code

34739

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

REGISTERED AGENT MUST SIGN

Date 10-5-02

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	ROBERT P. LUDWIG JR	702 CANOR CREEK RD	KENANSVILLE, FL 34739
MGR	ROBERT P LUDWIG	702 CANOR CREEK RD	KENANSVILLE, FL 34739

2002
VBR

11. 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 608.408, 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

Date 10-5-02

Daytime Phone # (305) 4450055

Typed or printed name of signing Managing Member/Manager

M99000002069

LUDWIG HOLDING COMPANY, LLC

1111 KANE CONCOURSE SUITE 505
BAY HARBOUR ISLAND, FL 33154
PHONE 305-445-5055
FAX 305-866-4438

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Reinstatement Section

October 10, 2002

Re: LUDWIG HOLDING COMPANY, LLC./Doc. Number M99000002069

To Whom it May Concern:

I would like to request the reinstatement of my above-mentioned corporation, which I understand was administratively dissolved on October 4, 2002 for failure to file the proper report(s) within the proper time frame. Please note that to the best of my knowledge, we have received neither the first nor the second 2002 notice of reinstatement and would therefore respectfully request that you consider permitting us to reinstate our corporation without needing to provide you with the requested \$600 fee. Your willingness to provide us with this waiver of the reinstatement fee would of course be most gratefully appreciated.

I thank you in advance for your kind attention to this matter and remain,

Sincerely,



ROBERT P LUDWIG III

President

LUDWIG HOLDING COMPANY, LLC

