

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

01-03
212

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -7 AM 11:34

DOCUMENT # P00000018807

1. Corporation Name

Ludka Services, Inc

2. Principal Office Address

210 174TH STREET

Suite, Apt. #, etc.

310

City & State

Sunny Isles, FL

Zip

33160

Country

U.S.A.

3. Mailing Office Address

210 174TH STREET

Suite, Apt. #, etc.

310

City & State

Sunny Isles, FL

Zip

33160

Country

U.S.A.

500015636705
04/10/03--01014--014 **450.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-28-1999

5. FEI Number

650983718

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

MATTHEW A LUDKA

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

210 174TH STREET

Suite, Apt. #, Etc.

310

City

Sunny Isles

State

FL

Zip Code

33160

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

MATTHEW A LUDKA

REGISTERED AGENT MUST SIGN

Date 4-3-03

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
PSD	INA C. LUDKA	210 174 TH ST. # 310	Sunny Isles, FL. 33160
VTD	MATTHEW A. LUDKA	210 174 TH ST. # 310	Sunny Isles, FL. 33160

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:

INA C. LUDKA

Date

4-3-03

Daytime Phone #

(305) 439-6181

CR2E081 (10/02)

LUDKA SERVICES, INC.

20f2
210 174TH STREET
SUITE 310
SUNNY ISLES, FL. 33160

PHONE (305) 931-1880
FAX (305) 931-1880

April 02, 2003

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 3233314

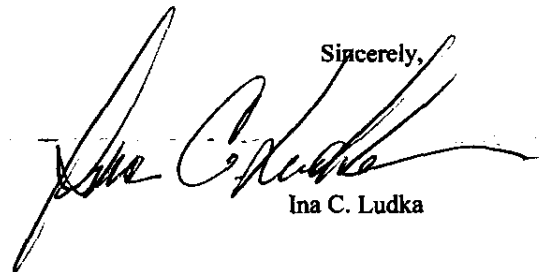
Dear Mr. Donlap,
Thank you for your assistance previously rendered.

As stated we were not aware that our corporate Uniform Business Report was filed incorrectly on August 16th 2001 subsequently no reports were filed for the proceeding years. The status of our corporation was brought to our attention by one of our vendors. Upon contacting the reinstatement dept. we were advise that a letter was forward in reference to the matter we did not receive that letter. However, we are enclosing a Corporate Reinstatement Form along with a check in the amount of \$450.00 to retroactively pay the fees for the following years per your instruction:

<u>year</u>	<u>amount due</u>
2001	\$150.00
2002	\$150.00
2003	\$150.00

Again, we thank you Mr. Donlap and please do inform us if there are any errors.

Sincerely,



Ina C. Ludka