

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 20 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000077313

1. Corporation Name

Ludwig Collections, Inc.

REINSTATEMENT 03-04
600036960306
05/20/04--01036--021 **300.00

2. Principal Office Address

15476 NW 77th

Suite, Apt. #, etc.

266

City & State

Miami Lakes, FL

Zip

33016

Country

USA

3. Mailing Office Address

15476 NW 77th

Suite, Apt. #, etc.

266

City & State

Miami Lakes, FL

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 16, 2002

5. FEI Number

161617992

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

Kimberly Ludwig

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

15476 NW 77th

Suite, Apt. #, Etc.

266

City

Miami Lakes

State

FL

Zip Code

33016

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

K. Ludwig

REGISTERED AGENT MUST SIGN

Date 5-18-04

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
P	Kimberly Ludwig	15476 NW 77 th # 266	Miami Lakes, FL 33016

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:

K. Ludwig Kimberly Ludwig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-18-04 305-828-8628

Daytime Phone #

CRCE081 (01/04)

LUDWIG COLLECTIONS, INC.
15476 NW. 77 CT. # 266
MIAMI LAKES, FL. 33016
305-828-8628
ludwigcollection@aol.com

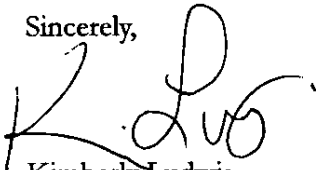
May 18, 2004

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl. 32399

To Whom It May Concern,

It has been brought to my attention that my company did not file the Annual Uniform Business Report for the year of 2003. I never received this report, Ludwig Collections, Inc. has not been at the address you have on file for over One and a Half years. Please except my apology for this. Please except my reinstatement fee of Three Hundred Dollars. Thank you again for your help in resolving this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Ludwig', with a stylized flourish at the end.

Kimberly Ludwig
President
Ludwig Collections