## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED **FOR** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 96 DEC 16 AM 9: 34 P94000073813 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name LUDWIG BUILDERS & GENERAL CONTRACTORS, INC. Principal Place of Business Mailing Address 6325 LA GORCE DRIVE P.O. BOX 0087 MIAMI BEACH FL 33140 KENANSVILLE FL 34780-0089 einstatement of If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 10/03/1994 Suite, Apt. #, etc. 5. FEI Number Applied For 65-0540241 City & State Not Applicable Additional Fee required CERTIFICATE OF STATUS DESIRED [ 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) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box farmbers) City / State / Zip LUDWIG, ROBERT 6805 LAGORCE DRIVE MIAMI BEACH FL 10110 B. BROADUFREN AR. BAY HARBOR ISL. FLB3AY 300002032923---12/18/96--01101--007 \*\*\*\*375.00 \*\*\*\*375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agen LUDWIG, ROBERT OBER 6325 LA GORCE DRIVE Address (P.O. Box Number is Not Acceptable BROAD UT THE OR MIAMI BEACH FL 33140 City B/AM HARBOR 10. I, being appointed the registered ion, any famillar with and accept the obligations of Section 607,0505, F.S. EQUIRED Signature of Registered Agent Dato 10-08-98 BEGISTERED AGENTMUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12.1 cortify 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 filling this reinstatement application, the reason for dissolution has been aliminated, 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 affect as if made under eath.

TYPED OR PRINTED NAME OF SIGNING OFFICER OF DISECTOR

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