

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 21 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000096907

1. Corporation Name

NIGHTHAWK RECOVERY INC.

Principal Place of Business

~~PO BOX 592654~~
~~ORLANDO FL 32859~~

Mailing Address

~~PO BOX 592654~~
~~ORLANDO FL 32859~~



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

2. New Principal Office Address, If Applicable

1308 10TH ST.

3. New Mailing Office Address, If Applicable

1308 10TH ST.

Suite, Apt. #, etc.

SUITE 105

Suite, Apt. #, etc.

SUITE 105

City & State

ST. CLOUD

City & State

ST. CLOUD

Zip

34769

Country

OSCEOLA

Zip

34769

Country

OSCEOLA

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1999

5. FEI Number

NOT APPLICABLE

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)

Title(s)

1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

City / State / Zip

4

OP

LUDT, ROBERT J

810 W NEW NOLTE RD

SAINT CLOUD FL 34769

VTS

LUDT, PAULA M

810 W NEW NOLTE RD

SAINT CLOUD FL 34769

400012964704
02/21/03--01077--020 **308.75

8. Name and Address of Current Registered Agent

LUDT, ROBERT J
810 W NEW NOLTE RD
ST CLOUD FL 34769

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

Date 2-4-03

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

2-4-03 (407) 957-6888
Date Daytime Phone #



NIGHTHAWK RECOVERY, INC.

1308 10TH ST. SUITE 105
ST. CLOUD, FL. 34769

2-4-03

I DID NOT RECEIVE THE
U.B.R. NOTICE AND WOULD LIKE
TO HAVE THE INCORPORATION REINSTATED
PLEASE, SORRY FOR ANY INCONVENIENCE.

THANK YOU,

Robert J. Ludt

ROBERT J. LUDT