
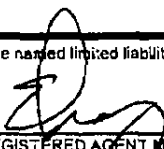
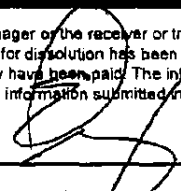


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000010890					
1. Limited Liability Company's Name ECP, LLC					
2. Principal Office Address - No P.O. Box # 1600 Hillcrest St Suite, Apt. #, etc		3. Mailing Office Address 1600 Hillcrest St Suite, Apt. #, etc.		4. State/Country of Formation FL / US	
City & State Orlando, FL		City & State Orlando		5. Date Organized or Qualified To Do Business in Florida 5/7/2002	
Zip 32803	Country US	Zip FL	Country 32803	6. FEI Number 13-4236288	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				E-mail Address:	
Name Elena C. Puig				600246354886	
Street Address (P.O. Box Number is Not Acceptable) 1600 Hillcrest St				04/02/13-01035-004 **798.75	
City Orlando				ecpuig@mac.com	
State FL				(To be used for future annual report notices)	
Zip Code 32803					
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 				Date 3-27-13	
REGISTERED AGENT MUST SIGN					
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	Elena Puig	1600 Hillcrest St		Orlando, FL 32803	
REINSTATEMENT 09-13					
DB					
FILED					
2013 APR 12 PM 2:10					
CLERK OF SUPERIOR COURT					
WILLMASSEE COUNTY, FLORIDA					
11. I certify that I am managing member/manager of 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.917.155, F.S.					
Signature of Managing Member/Manager 				Date 4-15-2013 Daytime Phone # 407-761-2917	
Typed or printed name of signing Managing Member/Manager					