

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

11 DEC 13 AM 10:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CR2E041 (05/10)

09-11

DOCUMENT # L03000029866

1. Limited Liability Company's Name

EFCA, LLC

2. Principal Office Address - No P.O. Box #

1431 N. W. 138th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33167

Country

United States

3. Mailing Office Address

1431 N. W. 138th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33167

Country

United States

4. State/Country of Formation

Florida/

5. Date Organized or Qualified To Do Business in Florida

8/13/2003

6. FEI Number

57-1182884

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Donald F. Cook

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

1207 S Thompson Avenue

Suite, Apt. #, Etc.

City

Deland

State

FL

Zip Code

32720

600214920656 12/13/11--01030--014 **133.75

600214920656 12/05/11--01016--022 **382.50

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

REGISTERED AGENT MUST SIGN

Date

1/11/11

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
Manager	Emerson B. Brown	1431 N. W. 138th Street	Miami, Florida, 33167

REINSTATEMENT AB

11. E-mail Address: emerson_bla@msn.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or 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.

Signature of Managing Member/Manager

Date 01-06-011

Daytime Phone # 786-512-6347

Typed or printed name of signing Managing Member/Manager Emerson B. Brown