

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

45/31

DOCUMENT # L00000000511

02 MAY '17 PH 3:30

1. Limited Liability Company's Name

ECN Land Investments of Florida, LLC

REINSTATEMENT 201-2002

2. Principal Office Address

24017 Production Cir.
Bonita Spr., FL 34135
Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Post Office Box 1140
Estero, FL 33928
Suite

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

1-10-2000

6. FEI Number

65-1115755

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Chad S. Jackson

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

24017 Production Circle

Suite, Apt. #, Etc.

City

Bonita Springs

State
FL

Zip Code
34135

500005677265-5
-06/04/02--01037--013
*****200.00 *****200.00

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 5-9-02

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
Mem.	Chad S. Jackson	24017 Production Cir.	Bonita Spring, FL
Mem.	William O. Rose	24017 Production Cir.	Bonita Spring, FL

REINSTATEMENT 2001-2002

11. 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 608.406, 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 1-24-02

Daytime Phone # 941 267-0094

Typed or printed name of signing Managing Member/Manager William Rose

CR2E041 (9/01)