

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 12 PM 1:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017776

Name and Mailing Address

0015750 01 MB 0.309 **AUTO T8 0 0615 28226-620715

ECD PROPERTIES, LLC
1915 CRAIGMORE DRIVE
CHARLOTTE NC 28226-6207

US



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/16/2001

Principal Place of Business
1915 CRAIGMORE DRIVE
CHARLOTTE NC 28226
US

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

APPLIED FOR

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

DIXON, CHRISTOPHER J
C/O ERA AMERICAN REALTY
117 HIGHWAY 41 SOUTH
INVERNESS FL 34450

9. Name and Address of New Registered Agent

Name

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

3000024621063
11/13/03-01014-003-**150.00

City

Zip Code

CR2EE34 (7/03)

10. 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 10/20/03 11-9-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DIXON, DENMAR	1915 CRAIGMORE DRIVE	CHARLOTTE NC 28226
MGRM	DIXON, ELLEN W	1915 CRAIGMORE DRIVE	CHARLOTTE NC 28226

REINSTATEMENT

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 608.406, 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 10/20/03

Daytime Phone # 704 312-6440