

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 M8 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

Principal Place of Business

1915 CRAIGMORE DRIVE  
CHARLOTTE NC 28226  
US

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

10/16/2001

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)

City

300024621063  
11/13/03--01014--003 \*\*150.00  
FL Zip Code

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

REGISTERED AGENT MUST SIGN

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 2003

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

SIGLENN W. REINSTATEMENT

Date 10/20/03

Daytime Phone # 704 360-6400

Typed or printed name of signing Managing Member/Manager