

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 13 AM 8:42

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000008979

1. Limited Liability Company's Name

ECAC, Ltd. Co.

2. Principal Office Address

931 North State Road 434

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 1201-59

Suite, Apt. #, etc.

Same

City & State

Altamonte Springs, FL

City & State

Same

Zip

32714

Country

Seminole

Zip

Same

Country

Same

4. State/Country of Formation

Florida / Seminole County

5. Date Organized or Qualified  
To Do Business in Florida

April 15, 2002

6. FEI Number

020580313

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

Terrence J. Moons

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

931 North State Road 434

Suite, Apt. #, Etc.

Suite 1201-59

City

Altamonte Springs

State

FL

Zip Code

32714

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

3/9/05

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
CEO	Terrence J. Moons, MGRM	931 N. State Road 434 Suite 1201-59	Altamonte Springs, FL 32714
CFO	Miriam E. Moons, MGRM	931 N. State Road 433 Suite b1201-59	Altamonte Springs, FL 32714
			500056034725 06/10/05--01077--011 **250.00
			500056034725 06/10/05--01077--012 **5.00

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

3/9/05

Daytime Phone #

407-260-1919

Typed or printed name of signing Managing Member/Manager

Terrence J. Moons