

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 MAY -2 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L02000017887

**1. Limited Liability Company's Name**

EE-CADILLAC, LLC

**2. Principal Office Address**

4000 N FEDERAL HIGHWAY

Suite, Apt. #, etc.

STE 206

City & State

BOCA RATON, FL

Zip

33431

Country

USA

**3. Mailing Office Address**

1000 OMNI BLVD

Suite, Apt. #, etc.

City & State

NEWPORT NEWS, VA

Zip

23606

Country

USA

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

07/16/02

**6. FEI Number**

20-1458201

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

MACLAREN, LINDA O

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

798 S. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

STE 100

City

BOCA RATON

State

FL

Zip Code

33432

**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

*Linda O MacLaren*

REGISTERED AGENT MUST SIGN

Date

4/26/05

**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
MGRM	ECONOMOS, NICHOLAS	4000 N FEDERAL HWY STE 206	BOCA RATON, FL 33431

**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

*Nicholas Economos*

Date

04/20/05

Daytime Phone #

(757)591-3519

Typed or printed name of signing Managing Member/Manager

NICHOLAS ECONOMOS

CR2E041 (10/02)