

L02000025882

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -6 PM 2:38

DOCUMENT # L02000025882

1. Limited Liability Company's Name
EC AFFILIATES LLC

2. Principal Office Address
60 EDGEWATER DRIVE

Suite, Apt. #, etc.
APT. 3H

City & State
CORAL GABLES

Zip Country
33133 MIAMI-DADE

3. Mailing Office Address
60 EDGEWATER DRIVE

Suite, Apt. #, etc.
APT. 3H

City & State
CORAL GABLES

Zip Country
33133 MIAMI-DADE

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **10/02/02**

6. FEI Number **57-1166720**

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
ROBERT BRIZEL

Street Address (P.O. Box Number is Not Acceptable)
1021 IVES DAIRY ROAD

Suite, Apt. #, Etc.
SUITE 220

City
MIAMI

State Zip Code
FL 33179

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

[Signature]

Date **8/24/05**

REGISTERED AGENT MUST SIGN

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
MGR	RANDI SWATT	60 EDGEWATER DRIVE, # 3H	CORAL GABLES, FL 33133

REINSTATEMENT 2005
[Signature]

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

[Signature]

Date **8/24/05**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **RANDI SWATT**

CR20041 (10/02)

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ROBERT BRIZEL
CERTIFIED PUBLIC ACCOUNTANT
1021 Ives Dairy Road
Suite 220
Miami, Florida 33179
Phone: 305-651-0681
Fax: 305-770-1820

August 24, 2005

Ms. Brenda Tadlock
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: EC Affiliates LLC
Document #: L02000025882

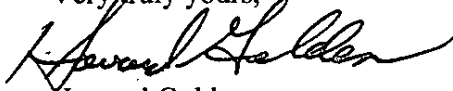
Dear Ms. Tadlock,

Attached is the Limited Liability Company Reinstatement for EC Affiliates LLC which went inactive on April 18, 2005 due to the registered agent resigning. Ms. Swatt, the managing member was unaware that such an action took place and never received any notification that the LLC status was made inactive.

At this time on behalf of the LLC we have attached the completed reinstatement form with original signature's of the new registered agent and Ms. Swatt, as the managing member. Also, enclosed is a payment in the amount of \$ 50.00 for the annual report fee. We are requesting that the reinstatement fee be abated due to the circumstances stated above.

If you have any further questions please feel free to contact this office directly.

Very truly yours,



Howard Golden
For the firm

Enc.