


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAY -1 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000072794

1. Limited Liability Company's Name

EASTERN CARIBBEAN INVESTMENTS,
LLC

2. Principal Office Address - No P.O. Box #

10119 COSTA DEL SOL BND.

Suite, Apt. #, etc.

3. Mailing Office Address

219 CULVER RD.

Suite, Apt. #, etc.

2

City & State

DORAL, FL

City & State

ROCHESTER, NY

Zip

33178

Country

USA

Zip

14607

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified

To Do Business in Florida

10/7/04

6. FEI Number

NONE

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

MR. TIM VOIGT

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

10119 COSTA DEL SOL BLVD.

Suite, Apt. #, Etc.

City

DORAL

State

FL

Zip Code

33178

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 4/11/08

10. Names and Street Addresses of Managing Members/Managers

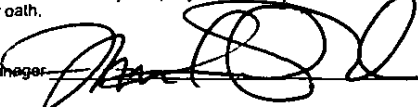
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JOHN NOLAN	219 CULVER RD. #2	ROCHESTER, NY 14607
	L. SELLERS		
	MAY - 5 2008		
	EXAMINER		

300125577703
04/24/08--01037--021 **\$60.00

REINSTATEMENT 05-08

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 4/14/08

Daytime Phone # 585-750-2045

Typed or printed name of signing Managing Member/Manager