

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JAN -7 AM 11:01

DOCUMENT # 207000120591

1. Limited Liability Company's Name

Ecos Development, LLC

600165133136  
01/07/10-01038-003 \*\*277.50

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

155 N Shore Dr

3. Mailing Office Address

same

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33141

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/04/07

6. FEI Number

261511865

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

Ezra Kassin

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

155 N Shore Dr

Suite, Apt. #, Etc.

#103

City

Miami Beach

State

FL

Zip Code

33141

☒ 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

Ezra Kassin

Date 1/04/10

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	Ezra Kassin	155 N Shore Dr	Miami Beach, FL 33141

**REINSTATEMENT**

2009, 2010

11. E-mail Address: Ezra @ Ecos-Development.com

(To be used for future annual report notifications)

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

Ezra Kassin

Date 1/04/10

Daytime Phone # 305 785-6052

Typed or printed name of signing Managing Member/Manager