

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2017 MAY 19 AM 3:35

ALL AMESSES FLORIDA

MAY 19 2017

L BERGER

DOCUMENT # L1200006789

1. Limited Liability Company's Name

ECM 420, LLC

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

12 BOND Street APT 4A

3. Mailing Office Address

P.O. Box 4715

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREAT NECK, NY

City & State

GREAT NECK, NY

Zip

11021

Country

USA

Zip

11023

Country

USA

8. Name and Address of Current Registered Agent

Name

NEAL LITMAN, P.A.

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

800 BRICKELL AVENUE

Apt. #, Etc.

SUITE 1501

City

MIAMI

State

FL

Zip Code

33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

[Signature]

Date

5/15/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: MGR, Eshagh COHENMEHR, 12 BOND Street APT. 4A, GREAT NECK, NY 11021. Large 'REINSTATEMENT 2013-2017' stamp is overlaid on the table.

11. E-mail Address:

Kingsbridgeeye@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Eshagh Cohen

Date

5/15/17

Daytime Phone #

516-902-4444

Typed or printed name of signing authorized representative/member

ESHAGH COHENMEHR