LLK
E302-32750

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000216741 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BOOSE, CASEY, CIKLIN, ET AL
Account Number : 076376001447
Phone : (561)832-5900
Fax Number : (561)833-4209

FILED
02 OCT 23 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 OCT 24 AM 7:52

LIMITED LIABILITY REINSTATEMENT

7 pages

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

H02000216741 7
02 OCT 23 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000628

1. Limited Liability Company's Name
E-COTT CONSTRUCTION SERVICES, L.C.

2. Principal Office Address	3. Mailing Office Address
15622 Cypress Park Dr.	15622 Cypress Park Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Wellington, FL
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 06/09/97
6. FEI Number: 65-0760450 ☐ 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: Michael J. Kennedy, Esq.
Street Address (P.O. Box Number is Not Acceptable): 515 North Flagler Drive
Suite, Apt. #, Etc.: 1900
City: West Palm Beach State: FL Zip Code: 33401

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: 10/22/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Eacott, James H.	70 Griffin Road South	Bloomfield, CT 06002
MGR	Cotter, Tony	15622 Cypress Park Dr.	Wellington, FL 33414

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 608.408, 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: 10/23/02 Daytime Phone #: 860-242-5563

Typed or printed name of signing Managing Member/Manager: James H. Eacott

CR2E044 (8/01)