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TO 8367H32750#185220503 P.01 FROM BOOSE CASEY DCT-23-2002 16:15

Florida Department of State
Division of Corporations
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From: Account Name : BOOSE, CASEY, CIKLIN, ET AL
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LIMITED LIABILITY REINSTATEMENT

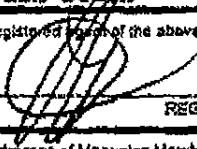
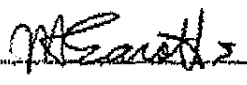
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OCT-23-2002 12:48 FROM BOOSE CASEY

TO 9539432750H186024389 P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L97000000628					
1. Limited Liability Company's Name E-COTT CONSTRUCTION SERVICES, L.C.					
2. Principal Office Address 15622 Cypress Park Dr.		3. Mailing Office Address 15622 Cypress Park Dr.		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 06/09/97	
City & State Wellington, FL		City & State Wellington, FL		6. FEI Number 65-0760450	
Zip 33414		Country USA		7. CERTIFICATE OF STATUS DESIRED ☒ \$2.00 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:  Date: 10/22/02 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	Escott, 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 608.406, 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: 10/23/02 Daytime Phone # 860-242-5565 Typed or printed name of signing Managing Member/Manager: James H. Escott					

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TOTAL P.02

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