

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

05 MAY 25 AM 8:28

DOCUMENT # MD1000001185

1. Limited Liability Company's Name

EC & C SOLUTIONS, L.L.C

REINSTATEMENT 03-05

2. Principal Office Address

687 NICKLAUS DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

687 NICKLAUS DRIVE

Suite, Apt. #, etc.

4. State/Country of Formation

ALABAMA

5. Date Organized or Qualified To Do Business in Florida

5/24/2001

6. FEI Number

522310062

Applied For

Not Applicable

City & State

MELBOURNE, FLA

City & State

MELBOURNE, FLA

Zip

32940

Country

U.S.A

Zip

32940

Country

U.S.A.

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CLAUDETTE A. ACACIA

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

687 NICKLAUS DRIVE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32940

380055343723
05/26/05--01003--005 **250.00

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

Claudette A. Acacia

Date

5/22/05

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
MGRM	Claudette A. Acacia	687 NICKLAUS DR MELBOURNE	MELBOURNE, FL 32940

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

Claudette A. Acacia

Date

5/22/05

Daytime Phone #

321-890-7463

Typed or printed name of signing Managing Member/Manager

CLAUDETTE A. ACACIA

CR2E041 (10/02)