

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:06

DOCUMENT # L02000020352

1. Limited Liability Company's Name

ECLIPSE MANAGEMENT LLC

CR2E041 (8/05)

2. Principal Office Address 321 191ST STREET Suite, Apt. #, etc. _____		3. Mailing Office Address 321 191ST STREET Suite, Apt. #, etc. _____	
City & State SUNNY ISLES BEACH, FL		City & State SUNNY ISLES BEACH, FL	
Zip 33160	Country USA	Zip 33160	Country USA

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 08/09/2002	
6. FEI Number 223869121	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
SEAN M OPPEN
Street Address (P.O. Box Number is Not Acceptable)
321 191ST STREET
Suite, Apt. #, Etc. _____
City
SUNNY ISLES BEACH

State
FL
Zip Code
33160

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

Sean M Oppen

Date
04/24/2006

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	SEAN M OPPEN	321 191ST STREET	SUNNY ISLES BEACH, FL 33160
			100075106791 05/23/06--01059--001 **250.00
		REINSTATEMENT	04-06

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

Sean M Oppen

Date **04/24/2006** Daytime Phone # **(305)205-1259**

Typed or printed name of signing Managing Member/Manager **SEAN M OPPEN**