


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -5 AM 10:40

DOCUMENT # L03000022641					
1. Entity Name THE ECKERT GROUP, LLC					
Principal Place of Business 5200 NW 76 PLACE POMPANO BEACH, FL 33073			Mailing Address 5200 NW 76 PLACE POMPANO BEACH, FL 33073		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	09262006 REIN-LLC CR2E101 (11/05)	
4. FEI Number APPLIED FOR				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ECKERT, YVONNE E 5200 NW 76 PLACE POMPANO BEACH, FL 33073			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Yvonne Eckert</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 9-26-06	
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ECKERT, YVONNE E 5200 NW 76 PLACE POMPANO BEACH, FL 33073	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			600080467286 10/04/06--01045--014 **55.00		
SIGNATURE: <i>Yvonne Eckert</i>			561-699-9596 9-26-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

The Eckert Group
5200 North West 76 Place
Pompano Beach, FL 33073
561-699-9596

September 26, 2006


Division of Corporation
P.O. Box 6237
Tallahassee, FL 32314

Dear Sir or Madam:

I applied for but did not receive my FEI number. I did not pursue this, as there was no activity on my account. Also, due to the hurricanes last year my home suffered extensive damage and I lost important papers including my articles of in corporation.

Please direct me as to where I may obtain copies of these.

Sincerely,



Yvonne Eckert, Manager