

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L97000000057

**FILED**  
**Nov 26, 2007**  
**Secretary of State**

**Entity Name:** ECLIPSE ENERGY COMPANY, LC

**Current Principal Place of Business:**

20217 BACKNINE DR.  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

20217 BACKNINE DR.  
BOCA RATON, FL 33498

**New Mailing Address:**

1981 MARCUS AVE  
207  
LAKE SUCCESS, NY 11042

**FEI Number:** 58-2288062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOWEY, IRVING S  
20217 BACKNINE DR  
BOCA RATON, FL 33498 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: IRVING LOWEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: LOWEY, IRVING S  
Address: 20217 BACKNINE DR  
City-St-Zip: BOCA RATON, FL 33498

Title: VP ( ) Delete  
Name: STOLZENBERG, PHILIP  
Address: 20217 BACKNINE DR  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: STOLZENBERG, PHILIP  
Address: 1981 MARCUS AVE, SUITE 207  
City-St-Zip: LAKE SUCCESS, NY 11042

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: PHILIP STOLZENBERG

MR.

11/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date