

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -9 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000005218

1. Corporation Name

Eckity First Associates, Inc

300171654883
U3/U9/10--01018--014 ***600.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
7668 Warren Parkway

3. Mailing Office Address
7668 Warren Parkway

Suite, Apt. #, etc.

Suite 325

Suite, Apt. #, etc.

Suite 325

City & State

Frisco, Texas

City & State

Frisco, TX

Zip

75034

Country

USA

Zip

75034

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida **03/23/1998**

5. FEI Number
75-2956711

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kimberly Baggett
REGISTERED AGENT MUST SIGN

Kimberly Baggett
Assistant Secretary

Date **2/4/10**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D., S.D., T/D	Kenneth L. Talbert	7668 Warren Parkway, Suite 325	Frisco, Texas 75034

REINSTATEMENT RH

10. E-mail Address: **troden@ecaprocessing.com**
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: *Ken Talbert*, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2010
Date

Daytime Phone #