


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT UBR		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV 15 PM 3:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # L00000005979																																	
1. Limited Liability Company's Name SAFE-IN LLC																																	
2. Principal Office Address 8 TWIN LAKE DRIVE Suite, Apt. #, etc. City & State MANALAPAN, NJ Zip 07726 Country USA		3. Mailing Office Address Su ROBERT LUBIN ROBERT LUBIN CPA FL 2 City 3603 QUENTIN RD BROOKLYN NY 11234-4203 Zip Country USA		4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 5-18-2000 6. FEI Number 58-2561832 Applied For Not Applicable																													
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 SAFE IN LLC Kenneth W. Dodge Street Address (P.O. Box Number is Not Acceptable) 5800 NORTH UNIVERSITY DRIVE Suite, Apt. #, Etc. 700004707017-5 -12/06/01--01003--002 City TAMARAC State FL Zip 33309																																	
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 Date 11/05/01 REGISTERED AGENT MUST SIGN																																	
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>member</td><td>NORBERTO FUEGUEL</td><td>8 TWIN LAKES DRIVE</td><td>MANALAPAN NJ 07726</td></tr><tr><td>member</td><td>ROSALINDA FUEGUEL</td><td>8 TWIN LAKES DRIVE</td><td>MANALAPAN NJ 07726</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	member	NORBERTO FUEGUEL	8 TWIN LAKES DRIVE	MANALAPAN NJ 07726	member	ROSALINDA FUEGUEL	8 TWIN LAKES DRIVE	MANALAPAN NJ 07726																
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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 Date 11/05/01 Daytime Phone # (232) 294-0052 Typed or printed name of signing Managing Member/Manager																																	

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ROBERT C. LUBIN

CERTIFIED PUBLIC ACCOUNTANT

October 21, 2001

Florida Department of State
Division of Corporations
Registration Section
P.O.Box 6327
Tallahassee, Florida 32314

Re: Save In, LLC
EIN: 58-2561832
Document Number: L00000005979

Gentlemen:

I am in receipt of your 10/10/2001 letter concerning the annual report/uniform business report.

Save In, LLC never received the original request to file the annual report. As per my prior conversation with your office, I am sending a completed Limited Liability Company Reinstatement with a fee of only \$50.

Please send all future mail to my office.

Thank you for your cooperation.

Sincerely,
Robert Lubin