L00000006231

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

C ENGINEERING, LC

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 14, 2001

C ENGINEERING, LC
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the name, title, and business address of each managing member or manager.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC 17

DOCUMENT # L00000006231

1. Limited Liability Company's Name

C ENGINEERING, LC

2. Principal Office Address	3. Mailing Office Address
1391 N Killian DR	
Suite, Apt. #, etc.: B2	Suite, Apt. #, etc.:
City & State: Lake Park, FL	City & State:
Zip:	Country:
Zip:	Country:

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 5/25/00

6. FEI Number: 65-1015696 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: MANUEL JOHN DOMINGUEZ

Street Address (P.O. Box Number is Not Acceptable): 301 Clematis Suite 200

Suite, Apt. #, I.V.:

City: West Palm Beach | State: FL | Zip Code: 33401

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: X M. J. D. — REGISTERED AGENT MUST SIGN — Date: DEC 11, 2001

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MM	Manuel John Dominguez	301 Clematis Suite 200	West Palm Beach FL 33401

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 608.508, 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: X D. B. — Date: 12/11/2001 — Daytime Phone #: 561 386 9770

Typed or printed name of signing Managing Member/Manager: DOMINGO BERNARDO

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