

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 MAR -4 PM 3:04

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L000000006231

1. Limited Liability Company's Name

C Engineering, LC

2. Principal Office Address

1408 N. Killian Dr.

Suite, Apt. #, etc.

106

City & State

Lake Park, FL

Zip 33403

Country USA

3. Mailing Office Address

1408 N. Killian Dr.

Suite, Apt. #, etc.

106

City & State

Lake Park, FL

Zip 33403

Country USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida 5/25/2000

6. FEI Number

65-1015696

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Norma Alvarez

Street Address (P.O. Box Number is Not Acceptable)

2409 NW 9th

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

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

*Norma Alvarez*

REGISTERED AGENT MUST SIGN

Date 2-25-04

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip        |
|--------|--------------------------------------|---|---------------------------|
| MEM    | ROGER CABREZA                        | 4390 122 Dr                                       | West Palm Beach, FL 33411 |
| MEM    | OSCAR DIAZ                           | 8124 Ibis Reserve Circle                          | West Palm Beach, FL 33412 |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |

REINSTATEMENT 2003-04

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

*Oscar Diaz*

Date 2/25/04 Daytime Phone # 561-8408083

Typed or printed name of signing Managing Member/Manager

Oscar Diaz