PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	REINSTATEMENT 2001 FILED

01 OCT 18 PM 12: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-11676

1. Limited Liability Company's Name

FINANCIAL ENGINEERING LLC

2. Principal Office Address	**3.** Mailing Office Address	**4.** State/Country of Formation
1855 LAKE DRIVE	1855 LAKE DRIVE	FL / USA
Suite, Apt..#, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 26 SEPTEMBER 2000
City & State	City & State	**6.** FEI Number 65-1042174
DELRAY BEACH, FL	DELRAY BEACH, FL	
Zip 33444-3136 Country USA	Zip 33444-3136 Country USA	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 JAIME CUEVAS DERMODY

Street Address (P.O. Box Number is Not Acceptable)
1855 LAKE DRIVE

Suite, Apt. #, Etc.

300004649893--4
-10/23/01--01037--023
****150.00 ****150.00

City DELRAY BEACH	State FL	Zip Code 33444

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 _Jaime Cuevas Dermody_   REGISTERED AGENT MUST SIGN   Date 15 OCTOBER 2001

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JAIME CUEVAS DERMODY	1855 LAKE DRIVE	DELRAY BEACH, FL 33444

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 _Jaime Cuevas Dermody_   Date 15 OCT 2001   Daytime Phone # 561 278-4100

Typed or printed name of signing Managing Member/Manager _____

CR2E041 (9/01)