PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # M00000000792

1. Limited Liability Company's Name
Safe Financial LLC

REINSTATEMENT 2001 - 2002

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-01/11/02--01026--018
*****55.00 *****55.00

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2301 Camino Ramon | 2301 Camino Ramon |
| Suite, Apt. #, etc.: Suite 100 | Suite, Apt.# etc.: Suite 100 |
| City & State: San Ramon, CA | City & State: San Ramon, CA |
| Zip: 94583 Country: | Zip: 94583 Country: |

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 4/24/00

6. FEI Number: 06-1562077 ☐ 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

000004768500--3
-01/11/02--01026--016
*****50.00 *****50.00

Name: CT Corporation System

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

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-01/11/02--01026--017
****100.00 ****100.00

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code:

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: Connie Bryan Connie Bryan, Special Asst. Secy. Date: 1-10-02
REGISTERED AGENT MUST SIGN

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 | Ronald Carapezzi | 401 Merritt Seven, 2nd Floor | Norwalk, CT 06856 |
| MGR | Christopher Jacobs | 401 Merritt Seven, 2nd Floor | Norwalk, CT 06856 |
| MGR | Thomas Fanelli | 401 Merritt Seven, 2nd Floor | Norwalk, CT 06856 |
| MGR | Paul F. Sargenti | 2301 Camino Ramon, Suite 100 | San Ramon, CA 94583 |
| | REINSTATEMENT | 2001 - 2002 | 200 rein |
| | | | 5 cvs |

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 it made under oath.

Signature of Managing Member/Manager: Paul F. Sargenti Date: 12/7/01 Daytime Phone #: (925)830-4777

Typed or printed name of signing Managing Member/Manager: Paul F. Sargenti, Manager