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
02 JAN 10 PM 1:46

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DOCUMENT # M00000000792

1. Limited Liability Company's Name
Safe Financial LLC

REINSTATEMENT 2001 - 2002

000004768500--3
-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 [X] — $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

000004768500--3
-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.
REGISTERED AGENT MUST SIGN

Date: 1-10-02

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
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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 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

FL110 - 10/19/00 C T System Online