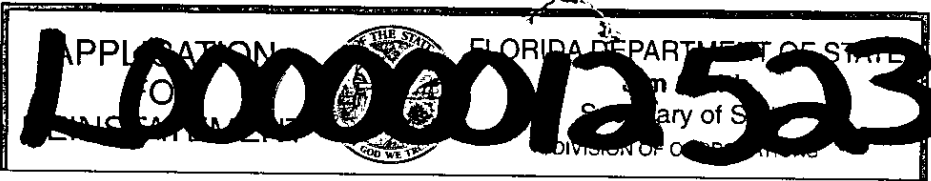


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 NOV '13 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L0000012523
Name and Mailing Address

0006702 01 FP 0.352 **PRSRT T1 0 0615 02116-242599
SAS, LLC
279 NEWBURY STREET
BOSTON MA 02116-2425



2. New Mailing Address SAS LLC c/o GASTON SAFAR - 132 Newbury St. City, State, Zip Boston, MA 02116		4. State/Country of Formation FL	
Principal Place of Business 279 NEWBURY STREET BOSTON MA 02116		5. Date Organized or Qualified To Do Business in Florida 10/16/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 04-3533930 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MARCUS, SCOTT A 300 BISCAYNE BOULEVARD WAY SUITE 1111 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Richard I. Kroop Street Address (P.O. Box Number is Not Acceptable) South Bay Club, Suite 0-1 800 West Avenue City MIAMI BEACH FL Zip Code 33139	
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10. 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 *[Signature]* Date 11/4/02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SAFAR, GASTON	279 NEWBURY STREET	BOSTONMA 02116
700008946457 11/13/02-01008-002 **150.00			
REINSTATEMENT <i>[Signature]</i>			

12. 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 *[Signature]* Date 10/31/02 Daytime Phone # (617) 5361287
Typed or printed name of signing Managing Member/Manager GASTON SAFAR

CR2E084 (8/02)