

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC 22 PM 12:17

DOCUMENT # **L 04000039488**

1. Limited Liability Company's Name

SAS DEVELOPMENT, L.L.C.

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 421 SW Bethany Drive		3. Mailing Office Address 421 SW Bethany Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St Lucie, FL		City & State Port St Lucie, FL	
Zip 34986	Country USA	Zip 34986	Country USA

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 5/25/2004	
6. FEI Number 51-0516536	☐ 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 Ryan E Askeland		
Street Address (P.O. Box Number is Not Acceptable) 421 SW Bethany Drive		
Suite, Apt. #, Etc.		
City Port St Lucie	State FL	Zip Code 34986

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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  Date **12/16/2010**
REGISTERED AGENT MUST SIGN

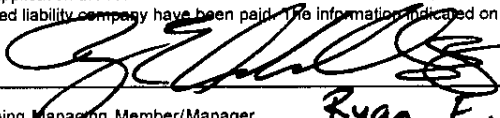
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	Ryan E Askeland	421 SW Bethany Drive	Port St Lucie, FL 34986
MANAGER			

REINSTATEMENT 2005-2010

11. E-mail Address **dra@sahdentistry.com** (To be used for future annual report notifications)

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 808.406, 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  Date **12/16/2010** Daytime Phone # **(772)340-0805**
Typed or printed name of signing Managing Member/Manager **Ryan E. Askeland**