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 # L04000039488

1. Limited Liability Company's Name

SAS DEVELOPMENT, L.L.C.

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
421 SW Bethany Drive		421 SW Bethany Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Port St Lucie, FL		Port St Lucie, FL	
Zip	Country	Zip	Country
34986	USA	34986	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 _____ REGISTERED AGENT MUST SIGN Date 12/16/2010

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
~~MGMR~~ MGRM	Ryan E Askeland	421 SW Bethany Drive	Port St Lucie, FL 34986
	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 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 _____ Date 12/16/2010 Daytime Phone # (772)340-0805

Typed or printed name of signing Managing Member/Manager: Ryan E. Askeland