

APPROVED AND FILED From: Adam Kirwan

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000009035

1. Limited Liability Company's Name

S.A.S. OF CENTRAL FLORIDA, L.L.C.

REINSTATEMENT

2. Principal Office Address

2221 N. BLVD WEST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 667

Suite, Apt. #, etc.

City & State

Davenport, Florida

City & State

Davenport, Florida

Zip

33837

Country

Polk

Zip

33836

Country

Polk

4. State/Country of Formation

Florida / Polk

5. Date Organized or Qualified To Do Business in Florida

06/01/2001

6. FCI Number

593746776

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

Barry W. Bennett

Street Address (P.O. Box Number is Not Acceptable)

60 Second Street, S.E.

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-25-03

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Mark Alkass	2221 N. BLVD WEST	Davenport, Florida 33837
MGRM	Julio K. SanMartin	2221 N. BLVD WEST	Davenport, Florida 33837
MGRM	Edwin M. Salamanca	2221 N. BLVD. WEST.	Davenport, Florida 33837

[Handwritten initials]

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 608.408, 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

11/24/03

Daytime Phone #

863-421-7600

Typed or printed name of signing Managing Member/Manager

Mark Alkass

CR02041 (1002)

AK

Division of Corporations

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Florida Department of State
Division of Corporations
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Fax Number : (850)205-0383

From: Account Name : THE KIRWAN LAW FIRM
Account Number : I20020000151
Phone : (407)210-6622
Fax Number : (407)540-9484

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LIMITED LIABILITY REINSTATEMENT

S.A.S. OF CENTRAL FLORIDA, L.L.C.

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