

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

06 SEP 14 AM 9:11

DOCUMENT # LO2000009333

1. Limited Liability Company's Name

SAGE ROAD ASSOCIATES, LLC
102 HARBORVIEW LANE
LARGO, FL 33770

2. Principal Office Address

SAMS

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FLA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

SHERRY SULTENFUSS

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

102 HARBORVIEW LANE

Suite, Apt. #, Etc.

City

LARGO FL

State

FL

Zip Code

33770

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

Sherry Sultenfuss
REGISTERED AGENT MUST SIGN

Date 9/14/06

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
<u>MM</u>	<u>SHERRY SULTENFUSS</u>	<u>102 HARBORVIEW LANE</u>	<u>LARGO FL 33770</u>
<u>MM</u>	<u>GAIL MURRAY</u>	<u>Box 306</u> <u>437 ELLISDALE Rd</u>	<u>CROSSWICKS N.J. 08515</u>
			<u>800080270808</u> <u>09/28/06--01055--016 **855.00</u>
		<u>REINSTATEMENT</u>	<u>03-06</u>

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 if made under oath.

Signature of
Managing Member/Manager

Gail Murray

Date 9/14/06

Daytime Phone# 727 586 6267

Typed or printed name of signing Managing Member/Manager