


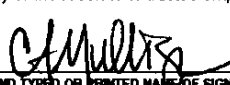


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000007181</b> 1. Entity Name <b>SASE, LLC</b>						<div style="text-align: right;"> <b>2005 MAY -6 PM 2:05</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div> 	
Principal Place of Business <b>425 14TH AVE NE</b> <b>ST PETERSBURG, FL 33701 US</b>				Mailing Address <b>425 14TH AVE NE</b> <b>ST PETERSBURG, FL 33701 US</b>			
2. Principal Place of Business <b>3637 4TH ST N</b>				3. Mailing Address			
Suite, Apt. #, etc. <b>SUITE 210</b>				Suite, Apt. #, etc.			
City & State <b>ST PETERSBURG, FL</b>				City & State			
Zip <b>33704</b>		Country <b>US</b>		Zip		Country	
6. Name and Address of Current Registered Agent  <b>MULLIGAN, CYNTHIA A</b> <b>425 14TH AVE NE</b> <b>ST PETERSBURG, FL 33701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>5/4/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$200.00</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <input type="checkbox"/> Delete <b>CYNTHIA A MULLIGAN</b> <b>425 14TH AVE NE</b> <b>ST PETERSBURG FL 33701</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200054687622</b> <b>05/17/05--01065--022 **\$200.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 				Date <b>5/4/05</b> Daytime Phone # <b>727 824 8822</b>			