PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 30 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000047039

1. Limited Liability Company's Name

AAS MANAGEMENT, LLC

06

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5005 TEXAS ST.		5005 TEXAS ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 105		SUITE 105	
City & State		City & State	
SAN DIEGO, CA		SAN DIEGO, CA	
Zip	Country	Zip	Country
92119	USA	92119	USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/20/2003

6. FEI Number 522416128 — 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
PARACORP INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)
236 EAST 6TH AVE

Suite, Apt. #, Etc.

City	State	Zip Code
TALLAHASSEE	FL	32303

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 NINH HO, ASST SECRETARY PARACORP INCORPORATED Date 12/29/2008
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
MGRM	KAPLAN, STEPHEN R	5005 TEXAS ST., STE. 105	SAN DIEGO, CA 92119
MGRM	KAPLAN, HOWARD B	5005 TEXAS ST., STE. 105	SAN DIEGO, CA 92119
MGRM	DALUNG, TIMOTHY F	5005 TEXAS ST., STE 105	SAN DIEGO, CA 92119
	REINSTATEMENT 2006-2008		12/30/08--01021--015 **516.25
			700139361937

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 Date 12/29/2008 Daytime Phone # 619.220.6700

Typed or printed name of signing Managing Member/Manager HOWARD B. KAPLAN