

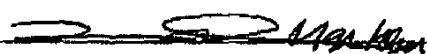
DEC-08-2006 FRI 09:24 AM PARASEC

FAX NO. 18006035868

P. 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC -8 AM 10:08

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000047199			
1. Limited Liability Company's Name AAS I, LLC			
2. Principal Office Address 10500 WINBOROUGH DRIVE		3. Mailing Office Address 5005 Texas Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 105	
City & State PORT CHARLOTTE FL		City & State San Diego, CA	
Zip 33981	Country USA	Zip 92108	Country 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 Avenue			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32303
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 		Date 12/7/06	
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, HOWARD B MR.	5005 Texas Street, Suite 105	San Diego, CA 92108
MGRM	DARLING, TIMOTHY F MR.	5005 Texas Street, Suite 105	San Diego, CA 92108
REINSTATEMENT 2006 DB			
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 		Date 12/5/06 Daytime Phone # (619) 220-6700	
Typed or printed name of signing Managing Member/Manager Mr. Howard B Kaplan			