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

CR2E041 (8/05)

DOCUMENT # L03000047199

1. Limited Liability Company's Name
AAS I, LLC

2. Principal Office Address	3. Mailing Office Address
10500 WINBOROUGH DRIVE	5005 Texas Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 105
City & State PORT CHARLOTTE FL	City & State San Diego, CA
Zip / Country 33981 / USA	Zip / Country 92108 / 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		

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