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 CORPORATION

09 APR -6 PM 2:51

REINSTATEMENT 04-09 SBM

CR2E041 (10/08)

DOCUMENT # L05000041825

1. Limited Liability Company's Name

S A A, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2430 Summer Brook Street		2430 Summer Brook Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Melbourne, FL		Melbourne, FL	
Zip	Country	Zip	Country
32940-7172	USA	32940-7172	USA

4. State/Country of Formation
FL / Brevard

5. Date Organized or Qualified To Do Business in Florida April 28, 2005

6. FEI Number
20-2944641
☐ 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
J. Paul Anderson

Street Address (P.O. Box Number is Not Acceptable)
2430 Summer Brook Street

Suite, Apt. #, Etc.

City	State	Zip Code
Melbourne	FL	32940-7172

☐ 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 J. Paul Anderson Date April 6, 2009
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	J. Paul Anderson	2430 Summer Brook Street	Melbourne, FL 32940-7172
MGRM	Charles E. Anderson	9203 Ashmeade Drive	Fairfax, VA 22032
MGRM	Eugene G. Anderson	9805 Commonwealth Blvd	Fairfax, VA 22032

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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 J. Paul Anderson Date April 6, 2009 Daytime Phone # (321) 536-2674

Typed or printed name of signing Managing Member/Manager J. Paul Anderson