L06000085446

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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DIVISION OF CORPORATIONS
09 OCT 30 AM 9:12

LIMITED LIABILITY REINSTATEMENT

SA4410, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$377.50~~

$277.50 - penalty waive

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L06000085446

1. Limited Liability Company's Name

SA4410, LLC

CR2E041 (10/06)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2849 Green Willow Drive	2849 Green Willow Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Annapolis, MD	City & State: Annapolis, MD
Zip: 21403 Country: USA	Zip: 21403 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08/29/2006

6. FEI Number: ☐ 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: CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable): 11380 PROSPERITY FARMS ROAD #221E

Suite, Apt. #, Etc.

City: Palm Beach Gardens State: FL Zip Code: 33410

☑ 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: Valerie Hawk Valerie Hawk, Special Secretary Date: 10/30/09

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
MGR	WILLIAM E PARRY	2849 Green Willow Drive	Annapolis, MD 21403
MGR	SUSAN L PARRY	2849 Green Willow Drive	Annapolis, MD 21403

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: [signature] Date: 10/29/09 Daytime Phone #: 410-964-8100 321-446-8144

Typed or printed name of signing Managing Member/Manager: WILLIAM E. PARRY

REINSTATEMENT 2008, 2009

T. Hampton NOV - 2 2009