

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR -6 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800174521628
04/05/10--01059--006 **277.50
CR2E041 (11/09)

DOCUMENT # MD4000000364

1. Limited Liability Company's Name

SAS HOLDING, LLC

2. Principal Office Address - No P.O. Box #

3005 BRECKINRIDGE BLVD

Suite, Apt. #, etc.

240

City & State

DULUTH, GA

Zip

30096

Country

WINNETT

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

GA

5. Date Organized or Qualified
To Do Business in Florida

1/27/2004

6. FEI Number

043625475

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

NATIONAL CORPORATE RESEARCH, LTD., INC.

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

Lucy Dawson

Lucy Dawson, Assistant Secretary

Date 4/1/2010

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	MICHAEL R. AYERS	3005 BRECKINRIDGE BLVD ^{STE 240}	DULUTH, GA 30096
MGRM	HUGH M. GAVNTT	"	"

REINSTATEMENT-09-10

11. E-mail Address: mayers@sphengineering.com

(To be used for future annual report notifications)

12. 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

Michael R. Ayers

Date 3/25/2010

Daytime Phone # 678-380-6416

Typed or printed name of signing Managing Member/Manager

MICHAEL R. AYERS