PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUL 24 AM 11:53

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000014739

REINSTATEMENT 04-08

CR2E041 (12/07)

1. Limited Liability Company's Name
RFP Jensen Beach, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2415 Campus Drive		2415 Campus Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 140		Suite 140	
City & State		City & State	
Irvine, CA		Irvine, CA	
Zip	Country	Zip	Country
92612	United States	92612	United States

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
August, 21 2001

6. FEI Number
59-3741780
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00

8. Name and Address of Current Registered Agent

Name
Blumberg Excelsior Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
4435 Old Winter Garden Rd.

Suite, Apt. #, Etc.

City	State	Zip Code
Orlando	FL	32811

☐ 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 _____ Date 07/18/2008
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	Rael Family Partnership NO. 2, L.P.	2415 Campus Drive, Ste. 140	Irvine, CA 92612

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U73108-0101--021 **798.75

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 07/18/2008 Daytime Phone # (949) 250-4245

Typed or printed name of signing Managing Member/Manager Graeme Rael