PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAR 23 PM 3:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L04000034689 2008

1. Limited Liability Company's Name

R.V. Holdings, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
153 Seville Avenue	P.O. Box 140668
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33114-0668 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 05/06/2004

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certified Certificate

8. Name and Address of Current Registered Agent

Name: M. J. F. REGISTERED AGENT CORP.

Street Address (P.O. Box Number is Not Acceptable): 153 Seville Avenue

Suite, Apt. #, Etc.

City: Coral Gables State: FL Zip Code: 33134

E-mail Address:

300199108243

mfreeman@freemanmiami.com

(To be used for future annual report notices)

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: _____ President Date: March 23, 2011

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RAMON ACOSTA	1618 Avenida Ponce De Leon	San Juan, Puerto Rico 00926

REINSTATEMENT 2008-2011

11. I certify that I am managing member/manager or the rebel or a trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution (if any) has been eliminated, the limited liability company name satisfies the requirements of section 605.0108, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: _____ Date: 03/22/2011 Daytime Phone #: 787-765-0068

Typed or printed name of signing Managing Member/Manager: Ramon Acosta

CSC

CORPORATION SERVICE COMPANY

L04 0000 34689

ACCOUNT NO. : I20000000195

REFERENCE : 717908 5033330

AUTHORIZATION :

COST LIMIT : $350.00

ORDER DATE : March 23, 2011

ORDER TIME : 12:15 PM

ORDER NO. : 717908-005

CUSTOMER NO: 5033330

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 23 PM 3:09

DOMESTIC FILINGS

NAME: R.V. HOLDINGS, LLC

file 1st

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 MAR 23 PM 1:36

NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

MK