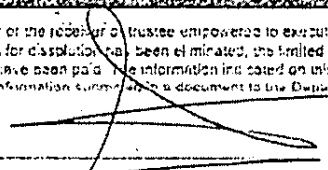


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000034689		2008	
1. Limited Liability Company's Name R.V. Holdings, LLC			
2. Principal Office Address - No P.O. Box # 153 Seville Avenue		3. Mailing Office Address P.O. Box 140668	
State, Apt. #, Etc.		State, 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 ☐		15.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name M. J. F. REGISTERED AGENT CORP.		E-mail Address: 300199108243 mfreenan@freemanmiami.com (To be used for future annual report notices)	
Street Address (P.O. Box Number is Not Acceptable) 153 Seville Avenue			
State, Apt. #, Etc.			
City Coral Gables	State FL	Zip Code 33134	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent		Date	
 REGISTERED AGENT MUST SIGN		March 23, 2011	
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/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 registered 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 has been eliminated, the limited liability company name satisfies the requirements of section 605.405, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as a notarized signature. I am aware that false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in 817.165, F.S.			
Signature of Managing Member/Manager		Date	
		03-22-2011	
Typed or printed name of signing Managing Member/Manager		Daytime Phone #	
Ramon Acosta		787-765-0068	



CORPORATION SERVICE COMPANY

L04 0000 34689

ACCOUNT NO. : I20000000195

REFERENCE : 717908 5033330

AUTHORIZATION :

COST LIMIT \$956.00

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

NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2011 MAR 23 PM 1:36

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

BK