L04000092803

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LIMITED LIABILITY REINSTATEMENT

REVELATION INVESTMENTS, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000092803

1. Limited Liability Company's Name

REVELATION INVESTMENTS, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
131 Shoreline Drive	131 Shoreline Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Breeze, FL	City & State: Gulf Breeze, FL
Zip: 32561 Country: USA	Zip: 32561 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12/22/2004

6. FEI Number: 202042192 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: LE E. ROGERS

Street Address (P.O. Box Number is Not Acceptable): 131 Shoreline Drive

Suite, Apt. #, Etc.

City: Gulf Breeze State: FL Zip Code: 32561

☐ 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: 11/21/08
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	Le E. Rogers	131 Shoreline Drive	Gulf Breeze, FL 32561
MGR	David R. Harrison	1715 E. Gadsden Street	Pensacola, FL 32501
		REINSTATEMENT 07 08	

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: X _____ Date: 11/21/08 Daytime Phone #: (205) 470-2975

Typed or printed name of signing Managing Member/Manager: _____