PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAR 18 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/16/10--01017--019 **416.25
CR2E041 (11/09)

DOCUMENT # *L05000036705*

1. Limited Liability Company's Name

RHS VENTURES, LLC

2. Principal Office Address - No P.O. Box #
400 ALTON ROAD
Suite, Apt #, etc. *# 3401*
City & State *MIAMI BEACH, FL*
Zip *33139* | Country *USA*

3. Mailing Office Address
759 S.E. 17th ST
Suite, Apt. #, etc. *# 754*
City & State *FT. LAUDERDALE FL*
Zip *33316* | Country *USA*

4. State/Country of Formation *FL / USA*

5. Date Organized or Qualified To Do Business in Florida *4/14/2005*

6. FEI Number *20-5775801* | 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 *ROGER STEIN, MGRM*
Street Address (P.O. Box Number is Not Acceptable) *400 ALTON ROAD*
Suite, Apt. #, Etc. *# 3401*
City *MIAMI BEACH* | State *FL* | Zip Code *33139*

☑ 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 _____
REGISTERED AGENT MUST SIGN
Date *6/15/10*

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	ROGER STEIN	400 ALTON RD FLATIRON BAY	MIAMI BEACH, FL 33139

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REINSTATEMENT
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11. E-mail Address: ~~KEN@RHSVENT.COM~~ *KKAHN@SOHODEVCO.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 _____ Date *6/15/10* Daytime Phone # *212-584-9170*

Typed or printed name of signing Managing Member/Manager *ROGER STEIN, MGRM*