

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000080561

1. Entity Name
REVIORA, LLC



FILED

2009 OCT -6 AM 10:48

Principal Place of Business

1438 BLOOMINGDALE AVENUE
VALRICO, FL 33594

Mailing Address

1438 BLOOMINGDALE AVENUE
VALRICO, FL 33594

2. Principal Place of Business - No P.O. Box #

2519 N McMullen Booth Rd

3. Mailing Address

2519 N McMullen Booth Rd

Suite, Apt. #, etc.

Ste 510-231

Suite, Apt. #, etc.

Ste 510-231

City & State

Clearwater FL

City & State

Clearwater, FL

Zip

33761

Country

USA

Zip

33761

Country

USA

09282009

REIN-LLC

CR2E101 (1/07)

4. FEI Number

26-0667659

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2010, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
AERO VENTURES, LLC
4535 W SAHARA AVE SUITE 200
LAS VEGAS, NV 89102

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400161343104
10/05/09--01071--001 **143.75

TITLE
NAME
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☐ Change ☐ Addition

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/28/09

727-902-3665