
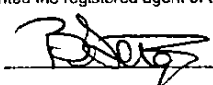
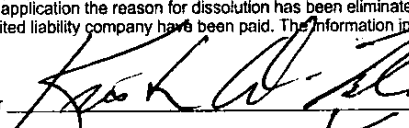


# MU2000003167

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 08 APR 28 PM 3: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA  900124882699 04/22/08--01002--002 **693.75 CR2E041 (12/07)	
<b>DOCUMENT # MU2000003167</b>					
<b>1. Limited Liability Company's Name</b> REVX-252-FLORIDA, LLC <span style="float: right;">03</span>					
<b>2. Principal Office Address - No P.O. Box #</b> 905 RANCHO CONEJO BLVD Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 905 RANCHO CONEJO BLVD Suite, Apt. #, etc.		<b>4. State/Country of Formation</b> DELAWARE/U.S.A.	
City & State NEWBURY PARK, CA Zip Country 91320 U.S.A.		City & State NEWBURY PARK, CA Zip Country 91320 U.S.A.		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/2/2002	
<b>6. FEI Number</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
<b>8. Name and Address of Current Registered Agent</b> Name: PARACORP INCORPORATED Street Address (P.O. Box Number is Not Acceptable): 236 EAST 6TH AVENUE Suite, Apt. #, Etc.: City: TALLAHASSEE State: FL Zip Code: 32303					
<b>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.</b> Signature of Registered Agent:  Date: 4/8/2008 REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGRM.	REVX-252, LLC	180 MONTGOMERY ST, SUITE 600	SAN FRANCISCO, CA 94104		
MGR.	KRIS QUALLS	905 RANCHO CONEJO BLVD.	NEWBURY PARK, CA 91320		
<b>REINSTATEMENT 2003-2008</b>			900124882699 04/22/08--01002--003 **100.00		
			900124882699 04/23/08--01002--010 **138.75		
<b>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.</b> Signature of Managing Member/Manager:  Date: 3/3/09 Daytime Phone #: 805-214-5200 Typed or printed name of signing Managing Member/Manager: Kriston D Qualls					