FILED

2012 DEC 27 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT #

1. Limited Liability Company's Name
M07000007095
Rio Vista Plaza, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
141 Island Sanctuary	141 Island Sanctuary
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach, FL	City & State: Vero Beach, FL
Zip: 32963 Country: USA	Zip: 32963 Country: USA

4. State/Country of Formation: Delaware, USA

5. Date Organized or Qualified To Do Business in Florida: December 6, 2007

6. FEI Number: 26-2304463 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee Required (for a Certificate of Status)

900243100309
12/28/12--01002--006 **660.00

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

jimarchergsh@me.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Joanne Nelson Assistant Secretary Date: 12/27/12
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
MGRM	James E. Archer	141 Island Sanctuary	Vero Beach, FL 32963

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: James E. Archer Date: 12/27/12 Daytime Phone #: 561.789.2292

Typed or printed name of signing Managing Member/Manager: James E. Archer

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J. SAULSBERRY
EXAMINER

DEC 27 2012

CUS 988

REINSTATEMENT
2009-2012