Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
SFR 2012-1 FLORIDA LLC

Certificate of Status	0
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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 # M12000004040

1. Limited Liability Company's Name
SFR 2012 - 1 Florida LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1775 Hancock St	1775 Hancock St
Suite, Apt. #, etc. Ste 200	Suite, Apt. #, etc. Ste 200
City & State San Diego CA	City & State San Diego CA
Zip 92110 Country USA	Zip 92110 Country USA

4. State/Country of Formation DE

5. Date Organized or Qualified To Do Business in Florida 7/18/2012

6. FEI Number 46-0824166 ☐ 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: CT Corporation System

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

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

E-mail Address: DBoyd@psdm.com

(To be used for future annual report notices)

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: Nicole Chouinard Nicole Chouinard Assistant Secretary Date 11/20/2013

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
mgrm	Deepak Israni	1775 Hancock St, Ste 200	San Diego CA 92110
	REINSTATEMENT 2013		NOV 21 2013
			L. SELLERS

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 608.408, 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: Deepak Israni Date 11/19/13 Daytime Phone # 619 296 9000

Typed or printed name of signing Managing Member/Manager: Deepak Israni