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NO. 371 FIREL2
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000004734

1. Corporation Name
BETA REO CORP.

B 3/21/08
REINSTATEMENT 05-08

2. Principal Office Address
90 Park Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
New York, NY

Zip
10016

Country

4. Date Incorporated or Qualified To Do Business in Florida **09/17/2002**

5. FEI Number **113218525**

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

CRZE081 (12/05)

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301-2607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.


Signature of Registered Agent  **Jeanine Reynolds** Date **3-21-08**

REGISTERED AGENT MUST SIGN **as its agent**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Thomas Harris	90 Park Avenue	New York, NY 10016
Sec	Jean K. Traub	1680 Capital One Drive	McLean, VA 22102
ASec	Amy Cook	1680 Capital One Drive	McLean, VA 22102
Dir	Thomas Harris	90 Park Avenue	New York, NY 10016

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:  **Amy Cook** Date **3/20/08** (703) 720-3248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : Y20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

JTG

CORPORATION REINSTATEMENT

BETA REO CORP.

Certificate of Status	0
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