

L05000075657

Florida Department of State

Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**LIMITED LIABILITY REINSTATEMENT
BETSY ROSS INVESTMENT, LLC**

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA									
DOCUMENT # L05000073457													
1. Limited Liability Company's Name Hetsy Ross Investment, LLC													
2. Principal Office Address - No P.O. Boxes c/o Jonathan Plutzik, 1841 Broadway Suite, Apt. #, etc Suite 800 City & State New York, NY Zip 10023 Country United States		3. Mailing Office Address c/o Jonathan Plutzik, 1841 Broadway Suite, Apt. #, etc Suite 800 City & State New York, NY Zip 10023 Country United States		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida August 2, 2005 6. FEI Number ☐ 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 Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324													
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligation of Chapter 605, F.S. Signature of Registered Agent <u>Connie Bryon</u> Date <u>12/9/2010</u> REGISTERED AGENT <u>Connie Bryon</u> Assistant Secretary													
10. Names and Street Addresses of Managing Members/Managers <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Managing Member/Manager</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>Jonathan Plutzik</td> <td>1841 Broadway, Suite 800</td> <td>New York, NY 10023</td> </tr> </tbody> </table>						Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	Jonathan Plutzik	1841 Broadway, Suite 800	New York, NY 10023
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip										
MGRM	Jonathan Plutzik	1841 Broadway, Suite 800	New York, NY 10023										
11. E-mail Address: <u>JonathanPlutzik@gmail.com</u> and <u>dreamadvisors@gmail.com</u> (To be used for future annual report notifications)													
12. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.406, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.													
Signature of Managing Member/Manager <u>Jonathan Plutzik</u> Date <u>11/24/10</u> Daytime Phone # <u>212-957-4979</u> Typed or printed name of signing Managing Member/Manager <u>Jonathan Plutzik</u>													

REINSTATEMENT 09/10 AL