L05000082743

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
BETSY ROSS INVESTORS, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	$238.75

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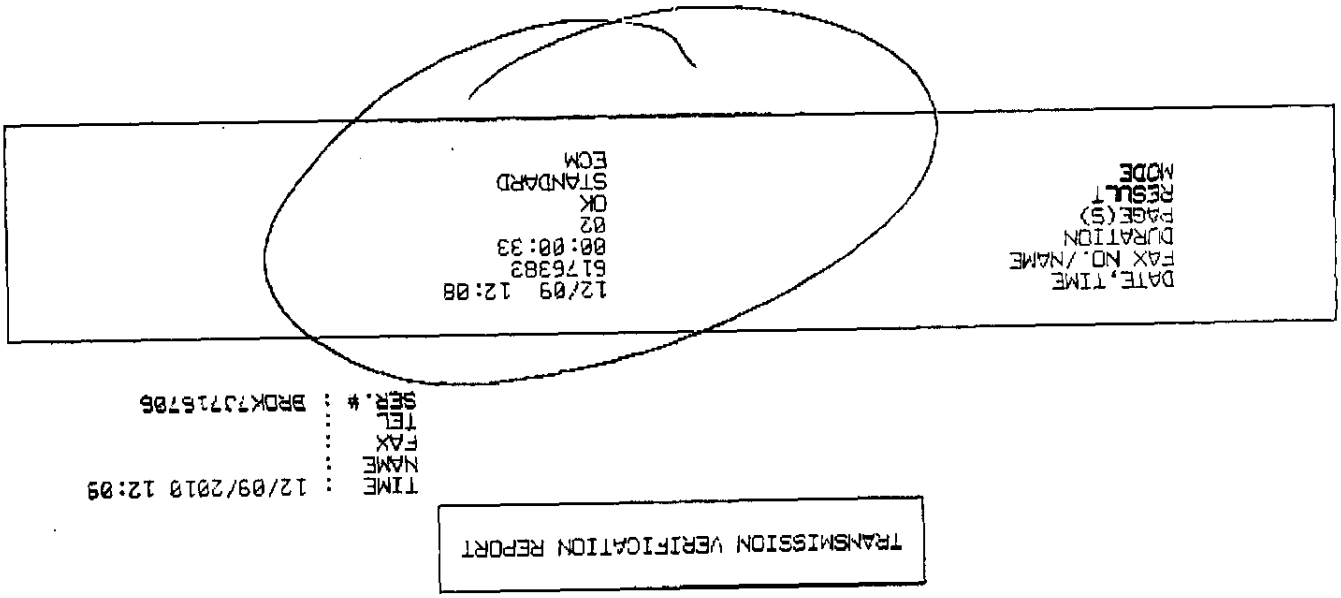

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (06/10)

DOCUMENT # L05000082743

1. Limited Liability Company's Name

Betsy Ross Investors, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o Jonathan Plutzik, 1841 Broadway		c/o Jonathan Plutzik, 1841 Broadway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 800		Suite 800	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10023	United States	10023	United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: August 22, 2005

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required

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	State	Zip Code
Plantation	FL	33324

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

Connie Bryan

Signature of Registered Agent: Connie Bryan — REGISTERED AGENT'S SIGNATURE — Assistant Secretary

Date: 12/9/2010

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	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: jonathanplutzik@gmail.com and dreamadvisors@gmail.com
(To be used for future annual report notifications)

12. 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 regarding said reinstatement are enclosed. All information indicated 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: _____ Date: 11/24/10 Daytime Phone #: 212-957-4979

Typed or printed name of person signing: Jonathan Plutzik

FL110 - 06/01/2010 C T System Online