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Florida Department of State
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LIMITED LIABILITY REINSTATEMENT
BRH FOOD & BEVERAGE SERVICE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$238.75

B. BOSTICK
DEC 10 2010
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000064019

1. Limited Liability Company's Name

BRH Food & Beverage Service, LLC

CR2E041 (05/10)

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 800	Suite, Apt. #, etc.: Suite 800
City & State: New York, NY	City & State: New York, NY
Zip: 10023 / Country: United States	Zip: 10023 / Country: United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: January 17, 2007

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee (optional)

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, accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Connie Bryan — REGISTERED AGENT MUST SIGN — Assistant Secretary

Date: 12/9/2010

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	Betsy Ross Owner, LLC	c/o Jonathan Plutzik, 1841 Broadway,	Suite 800, New York, NY 10023

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11. E-mail Address: jonathanplutzik@gmail.com and dreamadvisors@email.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 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: See Annex A Attached — Date: 11/24/10 — Daytime Phone #: 212-957-4979

Typed or printed name of signing Managing Member/Manager: See Annex A Attached

ANNEX A

TO

LIMITED LIABILITY COMPANY REINSTATEMENT

Signature of Managing Member/Manager:

BETSY ROSS OWNER, LLC, a Delaware limited liability company

By: Betsy Ross Owner Holding, LLC, its manager

By: Betsy Ross Investors, LLC, its manager

By: _____
Name: Jonathan Plutsik
Title: Manager

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