Florida Department of State

Division of Corporations

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TO:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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11 JAN 12 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

501SG, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

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M04000000859

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN 12 PM 3:51

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000000859

1. Limited Liability Company's Name

501SG, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
85 Bellevue Avenue	1050 Connecticut Avenue, NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	c/o Richard Gale
City & State	City & State
Rye, New York	Washington, DC
Zip / Country	Zip / Country
10580 / USA	20036 / USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 03/04/2004

6. FEI Number: 200752877 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: John Higgins

Street Address (P.O. Box Number is Not Acceptable): One Tropicana Drive

Suite, Apt. #, Etc.: Tropicana Field

City: St. Petersburg | State: FL | Zip Code: 33705

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: _____ Date: 1/10/11

REGISTERED AGENT MUST SIGN

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
Mgr	Stuart Sternberg	85 Bellevue Avenue	Rye, New York 10580

REINSTATEMENT 2010-11

11. E-mail Address: gale.richard@arentfox.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 608.405, 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.

Signature of Managing Member/Manager: _____ Date: 1/10/11 Daytime Phone #: 202-857-6379

Typed or printed name of signing Managing Member/Manager: Stuart Sternberg

B. Tatlock JAN 13 2011