

M0500004727Florida 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 : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368**L. SELLERS**

DEC 10 2010

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
BETSY ROSS OWNER, LLC**

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

RECEIVED

10 DEC -9 PM 2:28

SECRETARY OF STATE
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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 DEC -9 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **MA5000004727**

1. Limited Liability Company's Name

Betsy Ross Owner, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # c/o Jonathan Plutzik, 1841 Broadway		3. Mailing Office Address 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 Delaware	
5. Date Organized or Qualified To Do Business in Florida August 24, 2005	
6. FEI Number 20-3350337	Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ 55.00 A fee of \$55.00 is 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 Zip Code FL 33324

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

Signature of Registered Agent Connie Bryan **Assistant Secretary** Date 12/9/2010

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Betsy Ross Owner Holding, LLC	c/o Jonathan Plutzik, 1841 Broadway	Suite 800, New York, NY 10023

REINSTATEMENT 2010

11. E-mail Address: jonathanplutzik@gmail.com and dreamadvizors@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 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 See Annex A Attached Date 11/24/10 Daytime Phone # 212-957-4979

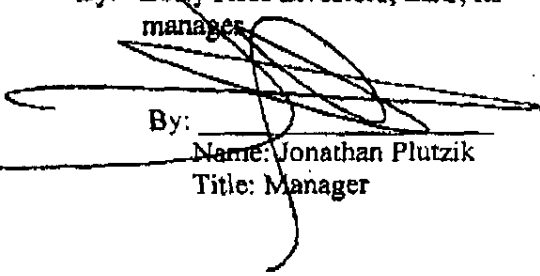
Typed or printed name of signing Managing Member/Manager See Annex A Attached

ANNEX A
TO
LIMITED LIABILITY COMPANY REINSTATEMENT

Signature of Managing Member/Manager:

BETSY ROSS OWNER HOLDING, LLC,
a Delaware limited liability company

By: Betsy Ross Investors, LLC, its
manager

By: 

Name: Jonathan Plutzik
Title: Manager