PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 JUN -8 PM 4:39

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M13000002515

800314541288

CR2E041 (1/14)

1. Limited Liability Company's Name
DG/7-Eleven Property Investors, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
110 East 40th St.	110 East 40th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 802	Suite 802
City & State	City & State
New York, NY	New York, NY
Zip / Country	Zip / Country
10016 / USA	10016 / USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida MARCH 2013

6. FEI Number 46-2493909 ☐ 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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable); Suite
1201 Hays Street

Apt. #, Etc.

City: tallahassee | State: FL | Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Roxanne Turner — REGISTERED AGENT MUST SIGN
Roxanne Turner
Asst. Vice President
Date: 6/8/18

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MEMBER	Marilyn Kane	110 East 40th St. Suite 802	New York, NY 10016
MEMBER	David Kushner	380 Lexington Ave. Suite 2020	New York, NY 10168

11. E-mail Address: mkane@iridiumcapgroup.com; kush@paradigmcf.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Marilyn Kane Date: 6/8/2018 Daytime Phone #: 212-686-7481

Typed or printed name of signing authorized representative/member

JUN - 8 2018

WILLIAMS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 248882 7931432

AUTHORIZATION :

COST LIMIT : $ 793.75

ORDER DATE : June 8, 2018

ORDER TIME : 2:27 PM

ORDER NO. : 248882-005

CUSTOMER NO: 7931432

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18 JUN -8 PM 4:22

REINSTATEMENT

NAME: DG/7-ELEVEN PROPERTY
INVESTORS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____