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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
CFLP CFS HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$798.75

J. BRYAN

JUL - 8 2011

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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 TALLAHASSEE, FLORIDA

DOCUMENT # **ML6 0000 2467**

1. Limited Liability Company's Name

CFGM CFS Holdings, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 110 East 59th Street Suite, Apt. #, etc.		3. Mailing Office Address 110 East 59th Street Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10022	Country USA	Zip 10022	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 05/02/2006	
6. FBI Number 13-3679422	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee 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, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **Alfred Morde** Date **7/7/11**
REGISTERED AGENT MUST SIGN

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
MEM	CF Group Management, Inc.	499 Park Avenue	New York, NY 10022

REINSTATEMENT 2007-11

11. E-mail Address:

(To be used for future notice upon reinstatement)

12. I certify that I am managing member/manager of 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 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 **[Signature]** Date **7/10/2011** Daytime Phone # **212-935-5000**
Typed or printed name of signing Managing Member/Manager **Stedman H. Merkel, VP of CF Group Management, Inc.**