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LP/LLLP REINSTATEMENT
CFLP CFS I HOLDINGS, L.P.

Certificate of Status	1
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G. MCLEOD
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EXAMINER

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B06 000000 200

1. Name of Limited Partnership

CFLP CFS I Holdings, L.P.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
110 East 54th Street	110 East 54th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10022 Country: USA	Zip: 10022 Country: USA

CR2E039 (1/07)

4. Date Formed or Registered To Do Business in Florida: 05/04/2006

5. FEI Number: 20 - 2448695 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 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: FL Zip Code: 33324

9. Pursuant to the provisions of section 620.1510 or 620.1908, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): _____ DATE: 7/7/11
(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
CFLP CFS Holdings, LLC	110 East 54th Street	New York, NY 10022	B06000000200

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release this Division of Corporations from any liability of non-compliance with Chapter 119, F.S. In the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE: 7/6/2011

Typed or Printed Name of General Partner Signing Form: Stephen H. Merkel, EMD of CFLP CFS Holdings, LLC Telephone Number: 212-938-5000