

B060000000203

**Florida Department of State
Division of Corporations
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H110001762273ABC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL -7 AM 11:41

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

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RE-SUBMIT

**please retain original filing
date of submission 7/7**

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

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**LP/LLLP REINSTATEMENT
CFLP CF&CO I HOLDINGS, L.P.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$5,008.75



July 8, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CFLP CF&CO I HOLDINGS, L.P.
110 EAST 59TH STREET
NEW YORK, NY 10022

SUBJECT: CFLP CF&CO I HOLDINGS, L.P.
REF: B06000000203

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

You created a cover sheet for a Limited Liability Reinstatement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H11000176211
Letter Number: 211A00016277

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 JUL -7 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B06 000000203

1. Name of Limited Partnership

CFLP CF&CO. I Holdings, LP

2. Principal Office Address - No P.O. Box #

110 East 59th Street

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10022

Country

USA

3. Mailing Office Address

110 East 59th Street

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10022

Country

USA

CR2E039 (1/07)

**4. Date Formed or Registered
To Do Business in Florida**

05/03/2006

5. FEI Number

20-2948776

Applied For

☐ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☒ **3875** Additional Fee required for a Certificate of Status

B. 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 820.1810 or 820.1900, Florida Statutes, I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Chapter 820, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

[Signature]

DATE

7/2/11

(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)

CFLP CF&CO. Holdings, LLC

**Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

110 East 59th Street

City, State and Zip Code

New York, NY 10022

**10a. Registration
Document Number**

1006-2542

REINSTATEMENT 07-11

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 the Division of Corporations from any liability of noncompliance with Chapter 119, F.S. In no event shall the information supplied be deemed exempt from public access. I further certify that the information included 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 820, Florida Statutes.

SIGNATURE

[Signature]

DATE

7/16/2011

Typed or Printed Name of General Partner Signing Form

Stephen M. Markel, EMD of CFLP CF&CO. Holdings, LLC

Telephone Number 212-938-5000