

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV -3 AM 10:44

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000007296

1. Limited Liability Company's Name

Cross Creek Realty Holdings, LLC

PK

600162437886
11/03/09--01017--002 **288.75

CR2E041 (12/07)

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

c/o Denis Cronin

Suite, Apt. #, etc.

666 Fifth Ave 26 FL

City & State

New York, NY

Zip

10013

Country

US

3. Mailing Office Address

c/o Denis Cronin

Suite, Apt. #, etc.

666 Fifth Ave 26 FL

City & State

New York, NY

Zip

10013

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/1/99

6. FEI Number

134098873

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

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

A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Barbara A. Burke

Barbara A. Burke
Special Assistant Secretary

Date

10/27/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	Cross Creek Realty Management, LLC	666 Fifth Avenue 26th Floor	New York, NY 10013
REINSTATEMENT 2008-2009			

11. 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

Denis Cronin

Date

10/28/09

Daytime Phone#

212-237-0080

Typed or printed name of signing Managing Member/Manager

DENIS CRONIN