

M02000000768

Florida Department of State
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Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY REINSTATEMENT

METRA CROSS POOL 2 GP, LLC

Certificate of Status	1
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # MD2000000768			
1. Limited Liability Company's Name Metra Cross Pool 2 GP, LLC			
2. Principal Office Address 50 Mid Atlantic Agency 7700 Congress Ave. Suite, Apt. #, etc. Ste 3106		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State	
Zip 33487	Country USA	Zip	Country
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 3/25/2002	
6. FEI Number		☒ Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒		\$5.00 Additional Fee required for 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. 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 Connie Bryan / Spec Asst Sec		Date 12/14/2005	
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
MGR	Metra Capital, LLC	1808 Valley View, Ste 300	Dallas, TX 75234
REINSTATEMENT 2009-05			
11. 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. (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 608.405, 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 12-16-05 Daytime Phone # 469-522-4873	
Typed or printed name of signing Managing Member/Manager Bradley J. Kyles, Vice President			

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