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LIMITED LIABILITY REINSTATEMENT

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TALLAHASSEE, FLORIDA

METRA CROSS POOL 2 GP, LLC

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PAGE 01/02 CT CORPORATION SYSTM 8508785926 03/13/2007 15:25 N. Gulligan MAR 14 2007

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07 MAR 13 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name
Metra Cross Pool 2 GP, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
7700 Congress Avenue		7700 Congress Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
3106		3106	
City & State		City & State	
Boca Raton, FL		Boca Raton, FL	
Zip	Country	Zip	Country
33487	USA	33487	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 03/25/2002

6. FEI Number
01-061-7501
☐ 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 Systme

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 _____ Jeffrey D. Butterfield
REGISTERED AGENT Assistant Secretary
Date 03/5/2007

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
MGR	Metra Capital, LLC	1800 Valley View, Suite 300	Dallas, Texas 75234

REINSTATEMENT
04/07

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 _____ Date 03/05/07 Daytime Phone # (469) 522-4372

Typed or printed name of signing Managing Member/Manager Bradley J. Kyles

FL110 - 1/1/07 C T System Online