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LIMITED LIABILITY REINSTATEMENT

METRA CROSS POOL 2 GP, LLC

Certificate of Status	0
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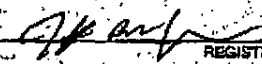
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name Metra Cross Pool 2 GP, LLC			
2. Principal Office Address - No P.O. Box # 7700 Congress Avenue Suite, Apt. #, etc. 3106 City & State Boca Raton, FL Zip 33487 Country USA		3. Mailing Office Address 7700 Congress Avenue Suite, Apt. #, etc. 3106 City & State Boca Raton, FL Zip 33487 Country 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 ☐ \$50.00 Additional Fee (Required for a Certificate of Status)			
8. Name and Address of Current Registered Agent Name CT Corporation Systems 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 03/05/2007			
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 <i>Ok, DT</i>			
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			

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