PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 JUN 8 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100181985481
06/11/10--01024--002 **416.75

CR2E041 (11/09)

DOCUMENT # M02000000768

1. Limited Liability Company's Name

METRA Cross Pool 2 GP, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1800 Valley View Lane	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 300	
City & State	City & State
Dallas, TX	
Zip / Country	Zip / Country
75234 / U.S.A.	

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: March 25, 2002

6. FEI Number: 010617501 ☐ 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: National Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2730 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston | State: FL | Zip Code: 33331

No longer available

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: SABRINA TILLAUGH, ASST. SEC. Date: 5/20/10
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
MGRM	METRA Capital, LLC	1800 Valley View Ln, Ste 300	Dallas, TX 75234

100181985481
07/09/10--01002--007 **130.75

S. HAWKES

JUN 14 2010

EXAMINER

REINSTATEMENT

2008-10

100.00 more

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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 608.406, 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: 5/20/10 Daytime Phone #: 469-522-4368

Typed or printed name of signing Managing Member/Manager: Bradley J. Kyles, Vice President of Managing Member

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2010

METRA CROSS POOL 2 GP, LLC
1800 VALLEY VIEW LANE SUITE 300
DALLAS, TX 75234

SUBJECT: METRA CROSS POOL 2 GP, LLC
Ref. Number: M02000000768

The fees to reinstate the limited liability company are as follows: $100.00 reinstatement fee; $138.75 filing fee per year for the years 2008 through 2010;and $5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is $138.75.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 210A00014646