Division of Corporations

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From:
Account Name : C T CORPORATION SYSTEM
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L. SELLERS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
FP2 LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M02000003266

1. Limited Liability Company's Name

FP2 LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o FIG LLC	
Suite, Apt. #, etc 1345 Avenue of the Americas,	Suite, Apt. #, etc.
City & State New York, NY	City & State
Zip / Country 10105	Zip / Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12/9/2002

6. FEI Number: 37-1428465 ☐ 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: C T 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

E-mail Address:
DBCTProcess@fortress.com
(To be used for future annual report notices)

9. *I, being appointed the registered agent of the above named limited liability company, hereby accept the obligations of Chapter 608, F.S.*

Signature of Registered Agent Connie Bryan Assistant Secretary Date July 5, 2012
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
MBR	Family Properties LLC	c/o FIG LLC, One Market Plaza, Spear Tower, 42nd Floor	New York, NY 10105
Director	Constantine M. Dakolias	c/o FIG LLC, 1345 Avenue of the Americas	New York, NY 10105
Director	Marc K. Furstein	c/o FIG LLC, One Market Plaza, Spear Tower, 42nd Floor	San Francisco, CA 94105
Director	Glenn P. Cummins	c/o FIG LLC, 1345 Avenue of the Americas	New York, NY 10105

REINSTATEMENT 03-12

JUL 06 2012
L. SELLERS

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 608.403, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of Managing Member/Manager _____ Date 6/26/12 Daytime Phone # (415) 284-7400

Typed or printed name of signing Managing Member/Manager: Marc K. Furstein, Chief Operating Officer

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