Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
CFGM CF&CO. HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$798.75

B. BOSTICK
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09) 07-11

DOCUMENT # M06 000002498

1. Limited Liability Company's Name

CFGM CF2Co Holdings, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
110 East 59th Street	110 East 59th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10022 Country: USA	Zip: 10022 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 05/03/2006

6. FEI Number: 13-3679422 ☐ 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 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: [signature] Date: 7/7/11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgr	CF Group Management, Inc.	499 Park Avenue	New York, NY 10022

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: [signature] Date: 7/6/2011 Daytime Phone #: 212-888-5000

Typed or printed name of signing Managing Member/Manager: Stephen M. Merkel, VP of CF Group Management, Inc.

July 8, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CFGM CF&CO. HOLDINGS, LLC
110 EAST 59TH STREET
NEW YORK, NY 10022

SUBJECT: CFGM CF&CO. HOLDINGS, LLC
REF: M06000002498

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Barbara Bostick
Regulatory Specialist II

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