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LIMITED LIABILITY REINSTATEMENT  
CFLP CF&CO. HOLDINGS, LLC

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

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EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **W106 000002542**

1. Limited Liability Company's Name  
**CFLP CFB-Co. Holdings, LLC**

2. Principal Office Address - No P.O. Box #  
**110 East 59th Street**

Suite, Apt. #, etc.

City & State  
**New York, NY**

Zip Country  
**10022 USA**

3. Mailing Office Address  
**110 East 59th Street**

Suite, Apt. #, etc.

City & State  
**New York, NY**

Zip Country  
**10022 USA**

4. State/Country of Formation  
**Delaware**

5. Date Organized or Qualified To Do Business in Florida  
**05/04/2006**

6. FEI Number Applied For  
**13-3080189** Not Applicable

7. CERTIFICATE OF STATUS DESIRED  95.00 Additional Fee, payable to the Secretary of State

8. Name and Address of Current Registered Agent

Name  
**LT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City State Zip Code  
**Plantation FL 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 **7/4/11**  
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	Cantor Fitzgerald, L.P.	110 East 59th Street	New York, NY 10022

REINSTATEMENT 07-11 **DB**

11. E-mail Address: (Do not use for future social media connections)

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 meets 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 # **212-938-5000**  
 Typed or printed name of signing Managing Member/Manager **Stephen H. Markel, FMD of Cantor Fitzgerald, L.P.**

CR2ED41 (11/09)