

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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To: Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-3992
Fax Number : (850) 878-5368

Please retain original filing date of submission 7/7

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


Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
CFLP CFS HOLDINGS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$798.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 1106 0000 2544
 1. Limited Liability Company's Name
CFLP CFS Holdings, LLC

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

4. State/Country of Formation
Delaware

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

6. FEI Number
13-3680189

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for 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 Island Park 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. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u>	<u>Conor Fitzgerald, L.P.</u>	<u>110 East 59th Street</u>	<u>New York, NY 10022</u>

REINSTATEMENT

DBruce

11. E-mail Address: _____

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 7/7/11 Daytime Phone # 212-938-5000
 Typed or printed name of signing Managing Member/Manager Stephen N. Merkel, EMD of Conor Fitzgerald, L.P.