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

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I200000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

*Tray #2940*

**LIMITED LIABILITY REINSTATEMENT**

**NKFGMS SELF-PERFORMING SERVICES, LLC**

|                       |           |
|-----------------------|-----------|
| Certificate of Status | 0         |
| Certified Copy        | 0         |
| Page Count            | <i>03</i> |
| Estimated Charge      | \$516.25  |

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JAN 29 2009

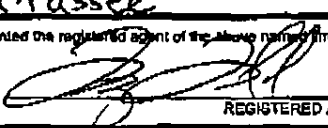
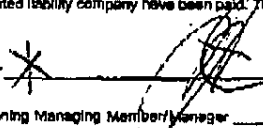
**REINSTATEMENT** *D1-08 RBM*

**EXAMINER**

JAN. 29. 2009 4:24PM C S C

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| LIMITED LIABILITY COMPANY REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| DOCUMENT # M06000002662                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                                                                 |                    |
| 1. Limited Liability Company's Name<br>NKFGMS SELF-PERFORMING SERVICES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                 |                    |
| 2. Principal Office Address - No P.O. Box #<br>10 Sylvan Way<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | 3. Mailing Office Address<br>10 Sylvan Way<br>Suite, Apt. #, etc.                                                                                               |                    |
| City & State<br>Parsippany, NJ<br>Zip Country<br>07054 USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | City & State<br>Parsippany, NJ<br>Zip Country<br>07054 USA                                                                                                      |                    |
| 4. State/Country of Formation<br>Delaware / USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | 5. Date Organized or Qualified To Do Business in Florida<br>05/12/2006                                                                                          |                    |
| 6. FEI Number<br>204849579                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | Applied For<br>Not Applicable                                                                                                                                   |                    |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                                 |                    |
| <input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                                 |                    |
| 8. Name and Address of Current Registered Agent<br>Name<br>Corporation Service Company<br>Street Address (P.O. Box Number is Not Acceptable)<br>1201 Hays Street<br>Suite, Apt. #, Etc.<br>City<br>Tallahassee<br>State<br>FL<br>Zip Code<br>32301                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                 |                    |
| 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.<br>Signature of Registered Agent  Troy Todd<br>as its agent<br>Date 1/27/09<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Joseph Rader                      | c/o Newmark Knight Frank<br>125 Park Avenue                                                                                                                     | New York, NY 10017 |
| MGR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Ian Marlow                        | "                                                                                                                                                               | "                  |
| MGR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Scott Panzer                      | "                                                                                                                                                               | "                  |
| MGR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Jeffrey Gural                     | "                                                                                                                                                               | "                  |
| MGR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Barry Gosin                       | "                                                                                                                                                               | "                  |
| 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 608.406, 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 _____ Daytime Phone # (212) 372-2000                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                 |                    |
| Typed or printed name of signing Managing Member/Manager Joseph Rader                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                                 |                    |