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

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

TRAY #2940

LIMITED LIABILITY REINSTATEMENT

NKFGMS SELF-PERFORMING SERVICES, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	$516.25

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G. MCLEOD
JAN 29 2009
EXAMINER

REINSTATEMENT D1-08 JRM

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000002662

1. Limited Liability Company's Name

NKFGMS SELF-PERFORMING SERVICES, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10 Sylvan Way	10 Sylvan Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Parsippany, NJ	City & State: Parsippany, NJ
Zip: 07054 Country: USA	Zip: 07054 Country: USA

4. State/Country of Formation: Delaware / USA

5. Date Organized or Qualified To Do Business in Florida: 05/12/2006

6. FEI Number: 204849579 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

☒ 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.

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: Troy Todd as its agent Date: 1/27/09

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 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