FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE (

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M07000004254

1. Limited Liability Company's Name
FS2 Capital Partners

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
201 Rouse Boulevard			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Philadelphia, Pennsylvania			
Zip	Country	Zip	Country
19112	USA		

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
7/17/2007

6. FEI Number
26-0534899
☒ 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	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 605, F.S.

Signature of Registered Agent Connie Burga Date 08/30/2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Franklin Square Holdings, L.P.	2929 Arch Street, Suite 675	Philadelphia, Pennsylvania 19104

11. E-mail Address:
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 8/30/16 Daytime Phone # 215-220-1500

Typed or printed name of signing Authorized Representative/Manager Michael C. Furman, CEO, Franklin Square Holdings

C.P.

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

FS2 CAPITAL PARTNERS, LLC

Certificate of Status	0
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Estimated Charge	$377.50

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