

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 NOV 21 PM 4:54

DOCUMENT # M10000002558

1. Limited Liability Company's Name

2010-1 SFG VENTURE LLC

11/27/12--01003--005 **138.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
C/O SQUARE MILE CAPITAL MANAGEMENT, LLC

3. Mailing Office Address
C/O SQUARE MILE CAPITAL MANAGEMENT, LLC

Suite, Apt. #, etc.

450 PARK AVE

Suite, Apt. #, etc.

450 PARK AVE

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10022

Country

USA

Zip

10022

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

05/06/2010

6. FEI Number

27-2598312

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

NRAI SERVICES, INC.

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

515 E. PARK AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

E-mail Address:

800241099208
10/23/12--01020--015 **238.75

(To be used for future annual report notices)

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

Kristen Rahm

Kristen Rahm, Asst Sec to NRAI

Date **9/25/2012**

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
CFO	NEIL H. KOENIG	C/O IMOWITZ KOENIG & CO., LLP, 622 THIRD AVE, 33RD FLOOR	NEW YORK, NY 10017
MGR	JEFFREY B. CITRIN	450 PARK AVENUE	NEW YORK, NY 10022
MGR	CRAIG H SOLOMON	450 PARK AVENUE	NEW YORK, NY 10022

REINSTATEMENT - 2011-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Neil H. Koenig

Date **10/15/2012** Daytime Phone # **212-867-9711**

Typed or printed name of signing Managing Member/Manager **NEIL H. KOENIG**