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LIMITED LIABILITY REINSTATEMENT
FOG CAP RETAIL INVESTORS LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M10000004726

1. Limited Liability Company's Name
FOG CAP RETAIL INVESTORS LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o FIG LLC	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1345 Avenue of the Americas,	
City & State	City & State
New York, NY	
Zip / Country	Zip / Country
10105	

4. State/Country of Formation: Oregon
5. Date Organized or Qualified To Do Business in Florida: 10/26/2010
6. FEI Number: 45-0487810 ☐ 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: C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc:
City: PLANTATION | State: FL | Zip Code: 33324

E-mail Address:
DBCTProcess@fortress.com
(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 _____ Date _____
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
MGRM	SBN FCCG LLC	c/o FIG LLC 1345 Avenue of the Americas	New York, NY 10105

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 _____ Date 4/5/12 Daytime Phone # (415) 284-7400

Typed or printed name of signing Managing Member/Manager: Mark K. Furstein / Chief Operating Officer of SBN FCCG LLC, its managing member

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