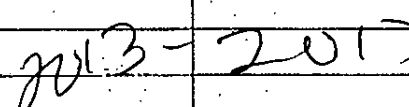
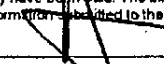


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 APR 18 PM 2:24

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M12000004827			
1. Limited Liability Company's Name CF Southeast REO III LLC			
2. Principal Office Address - No P.O. Box # 1345 Ave. of the Americas Suite, Apt. #, etc. 46th Floor City & State New York, NY Zip 10105		3. Mailing Office Address 1345 Ave. of the Americas Suite, Apt. #, etc. 46th Floor City & State New York, NY Zip 10105	
Country USA		Country USA	
4. State/Country of Formation Delaware			
5. Date Organized or Qualified To Do Business in Florida 08/27/2012			
6. FEI Number ☐ 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 Plantation State FL Zip Code 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  Joe Villeda Assistant Secretary Date 4/17/17 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	CF Southeast LLC	1345 Ave. of the Americas, 46th FL	New York, NY 10105
REINSTATEMENT 			
11. E-mail Address: <u>clawton@fortress.com</u> (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 635.0012, 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. 617.155, F.S. Signature of Authorized Representative/Manager  Date <u>4/17/17</u> Daytime Phone # <u>212-798-6100</u> Typed or printed name of signing Authorized Representative/Manager <u>Marc K. Furstein</u>			

APR 18 2017

M. WILLIAMS

4/18/2017

Division of Corporations

Florida Department of State
Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
CF SOUTHEAST REO III LLC**

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