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 # M12000004827

1. Limited Liability Company's Name
CF Southeast REO III LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1345 Ave. of the Americas	1345 Ave. of the Americas
Suite, Apt. #, etc. 46th Floor	Suite, Apt. #, etc. 46th Floor
City & State New York, NY	City & State New York, NY
Zip 10105 / Country USA	Zip 10105 / Country USA

4. State/Country of Formation: Delaware
5. Date Organized or Qualified To Do Business in Florida: 08/21/2012
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 Representatives/ 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
2013-2017

11. E-mail Address: clawton@fortress.com
(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: 4/17/17 Daytime Phone #: 212-798-6100

Typed or printed name of signing Authorized Representative/Manager: Marc K. Furstein

FL110 - 01/2014 Wolters Kluwer Online

APR 18 2017
M. WILLIAMS

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

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