2 of 2 pages

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LIMITED LIABILITY REINSTATEMENT
LNG HOLDINGS (FLORIDA) LLC

Certificate of Status	1
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1 of 2 page

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M14000004928

1. Limited Liability Company's Name

LNG Holdings (Florida) LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o FIG LLC 1345 Ave. of Americas	c/o FIG LLC 1345 Ave. of Americas
Suite, Apt. #, etc. 45th floor	Suite, Apt. #, etc. 45th floor
City & State New York, New York	City & State New York, New York
Zip 10105 / Country USA	Zip 10105 / Country USA

CR2E041 (1/14)

4. State/Country of Formation Delaware

5. Date Organized or Qualified To Do Business in Florida July 14, 2014

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) Suite, Apt. #, Etc.: 1200 South Pine Island Road

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 (REGISTERED AGENT MUST SIGN) Date: 11/10/15

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
CFO	Demetrios Tserpelis	c/o FIG LLC 1345 Ave. of Americas	NY, NY 10105
Pres.	Joseph P. Adams Jr.	c/o FIG LLC 1345 Ave. of Americas	NY, NY 10105
COO	Kenneth Nicholson	c/o FIG LLC 1345 Ave of Americas	NY, NY 10105
Sec.	Cameron MacDougall	c/o FIG LLC 1345 Ave of Americas	NY, NY 10105

11. E-mail Address: riualhati@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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Date: 11-10-2015 Daytime Phone #: 212 798 6100

Typed or printed name of signing authorized representative/member: Demetrios Tserpelis

11/10/15