PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000007852

1. Limited Liability Company's Name
NFE Management LLC

CR2E041 (1/14)

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.	Suite, Apt. #, etc.
City & State: New York, New York	City & State: New York, New York
Zip: 10105 Country: USA	Zip: 10105 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: October 2, 2015

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 Street 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 REGISTERED AGENT Assistant Secretary Date: 10/25/16

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
Member	NFE Atlantic Holdings LLC	c/o FIG LLC 1345 Ave of Americas	New York, New York 10105

11. E-mail Address: bmarsteller@newfortressenergy.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 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 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: JPA Date: Oct 25, 2016 Daytime Phone #: 212 798 6100

Typed or printed name of signing Authorized Representative/Manager: Joseph P, Adams Jr. - President

KE 10/26/16

2 of 2 pag

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
NFE MANAGEMENT LLC

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