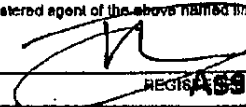
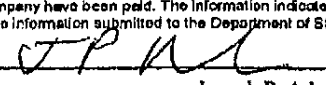


1 of 2 pages

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>115000007852</u>			
1. Limited Liability Company's Name NFE Management LLC			
2. Principal Office Address - No P.O. Box # c/o FIG LLC 1345 Ave of Americas Suite, Apt. #, etc.		3. Mailing Office Address c/o FIG LLC 1345 Ave of Americas 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 Assistant Secretary Date 10/25/16	
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/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: <u>bmarsteller@newfortressenergy.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 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 Oct 25, 2016 Daytime Phone # 212 798 6100	
Typed or printed name of signing Authorized Representative/Manager Joseph P. Adams Jr. - President			

FE 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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Page Count	02
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Corporate Filing Menu

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