PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 10 PM 2:47

DOCUMENT # M02000000050

1. Limited Liability Company's Name

CG Quiet Waters LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
8 Campus Drive		8 Campus Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Parsippany, New Jersey		Parsippany, New Jersey	
Zip	Country	Zip	Country
07054	United States	07054	United States

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 1/8/2002

6. FEI Number
26-0005218
☐ 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

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	PREI Acquisition LLC	8 Campus Drive	Parsippany, NJ 07054
		100125516571 06/13/08--01028--003 **138.75	
		100112551657 1 04/24/08--01037--017 **516.25	
		REINSTATEMENT 2005-08	

11. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager PREI Acquisition LLC By: The Prudential Insurance Company of America James N. Marinello Date 4/11/08 Daytime Phone # 973-683-1718

Typed or printed name of signing Managing Member/Manager PREI Acquisition LLC By: The Prudential Insurance Company of America By: James N. Marinello