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LIMITED LIABILITY REINSTATEMENT

CG BAYPORT, LLC

Certificate of Status	0
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Page Count	02
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G. MCLEOD
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EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # L04000012949

1. Limited Liability Company's Name

CG Bayport LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
900 Cottage Grove Road, A5LGL	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
c/o Real Estate Law Dept., CIGNA	
City & State	City & State
Bloomfield, CT	
Zip / Country	Zip / Country
06002 / USA	

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 2/17/04

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

☐ 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-referenced limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Chris McNe Assistant Secre Date: 2/13/2009

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	Connecticut General Life Ins. Co. on	900 Cottage Grove Road	Hartford, CT 06152
	behalf of its Separate Account 4628RE		

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: A Padilla Date: 2/13/09 Daytime Phone # 215.761.2504

Typed or printed name of signing Managing Member/Manager: Connecticut General Life Insurance Company on behalf of its Separate Account 4628RE, Member, By Anthony Padilla, Asst. Sec