

Division of Corporations

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Florida Department of State

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

CG BAYPORT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

G. MCLEOD

Electronic Filing Menu

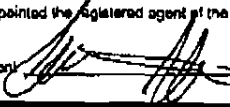
Corporate Filing Menu

Help

FEB 16 2009

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000012949			
1. Limited Liability Company's Name CG Bayport LLC			
2. Principal Office Address - No P.O. Box # 900 Cottage Grove Road, A5LGL Suite, Apt. #, etc. c/o Real Estate Law Dept., CIGNA City & State Bloomfield, CT Zip 06002		3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country USA	
B. 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		4. State/Country of Formation Florida, USA 5. Date Organized or Qualified To Do Business in Florida 2/17/04 6. FBI Number Applied For ☐ Not Applicable ☒ 7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Annual Fee required for a Certificate of Status ☐ 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.	
8. I, being appointed the registered agent of the above named company, am familiar with and accept the obligations of Chapter 808, F.S. Signature of Registered Agent  Chris McNe Assistant Secretary Date <u>2/13/09</u>			
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 behalf of its Separate Account 4628RE	900 Cottage Grove Road	Hartford, CT 06152
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 808.406, 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  Date <u>2/13/09</u> Daytime Phone # <u>215-761-2504</u> Typed or printed name of signing Managing Member/Manager: <u>Connecticut General Life Insurance Company on behalf of its Separate Account 4628RE, Member, By Anthony Padilla, Asst. Sec</u>			

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