

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MU7000001727

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -4 PM 2:45

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000001727

1. Limited Liability Company's Name

PRAM/HUNTER'S CREEK RE, LLC

04

100167980261

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

10 Woodbridge Center Dr.

Suite, Apt. #, etc.

Suite 420

City & State

Woodbridge, NJ

Zip

07095

Country

USA

3. Mailing Office Address

10 Woodbridge Center Dr.

Suite, Apt. #, etc.

Suite 420

City & State

Woodbridge, NJ

Zip

07095

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

3/23/2007

6. FEI Number

770676988

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional 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. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Sue G. Knight

Sue G. Knight
as its agent

Date 2-4-10

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
MGR	Alexander C. Markowits	10 Woodbridge Center Dr.	Woodbridge, NJ 07095

REINSTATEMENT 2009-2010

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

Alex Markowits

Date 2/1/10

Daytime Phone # 732-582-0406

Typed or printed name of signing Managing Member/Manager

Alex Markowits



CORPORATION SERVICE COMPANY

M070VVVV1727

ACCOUNT NO. : I20000000195

REFERENCE : 268335 7161432

AUTHORIZATION :

COST LIMIT : \$543.75

[Signature]

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
10 FEB -4 PM 2:45

ORDER DATE : January 29, 2010

282.50

ORDER TIME : 9:31 AM

ORDER NO. : 268335-115

CUSTOMER NO: 7161432

REINSTATEMENT

NAME: PRAM/HUNTER'S CREEK RE, LLC

XX REINSTATEMENT

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 FEB -4 AM 10:42
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS

BK