

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M07000001728

FILED STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS FEB - 4 PM 2:14

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

BK

DOCUMENT # M07000001728  
1. Limited Liability Company's Name  
PRAMILAKEMARY RE, LLC  
09

600167980216  
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  
770676980  
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 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

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 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. Markowitz	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 Markowitz Date 2/11/10 Daytime Phone # 732-582-0400

Typed or printed name of signing Managing Member/Manager Alex Markowitz



CORPORATION SERVICE COMPANY

M07000001728

ACCOUNT NO. : I20000000195

REFERENCE : 268335 7161432

AUTHORIZATION : *Susie Knight*

COST LIMIT : \$ ~~543.75~~

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
10 FEB -4 PM 2:44

ORDER DATE : January 29, 2010

*282.50*

ORDER TIME : 9:33 AM

ORDER NO. : 268335-130

CUSTOMER NO: 7161432

REINSTATEMENT

NAME: PRAM/LAKE MARY RE, LLC

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

XX REINSTATEMENT

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*