

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **MO7000001731**

1. Limited Liability Company's Name

**PRAM/HUNTER'S CREEK TE, LLC**

**09**

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

**3/23/07**

6. FEI Number

**770676992**

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
<b>MGR</b>	<b>Alexander C. Markowitz</b>	<b>10 Woodbridge Center Dr.</b>	<b>Woodbridge, NJ 07095</b>

**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 **2/1/10**

Daytime Phone # **732-582-0400**

Typed or printed name of signing Managing Member/Manager

**Alex Markowitz**

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

**600167979996**

CR2E041 (12/07)



CORPORATION SERVICE COMPANY

**MO70VVW1731**

ACCOUNT NO. : I20000000195

REFERENCE : 268335 7161432

AUTHORIZATION :

COST LIMIT : \$ ~~543.75~~

*[Signature]*

FILED  
CLERK 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. : 268335-120

CUSTOMER NO: 7161432

REINSTATEMENT

NAME: PRAM/HUNTER'S CREEK TE, LLC

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2010 FEB -4 AM 10:41  
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

*PK*