

282.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 08 NOV 13 AM 10:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M06000003057

1. Limited Liability Company's Name

Fountain Court Lessee LLC

UM

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

c/o Sitt Asset Management, LLC

Suite, Apt. #, etc.

One Penn Plaza, Suite 3430

City & State

New York, NY

Zip

10119

Country

USA

3. Mailing Office Address

c/o Sitt Asset Management, LLC

Suite, Apt. #, etc.

One Penn Plaza, Suite 3430

City & State

New York, NY

Zip

10119

Country

USA

BK

CR2E041 (12/07)

4. State/Country of Formation

~~New York~~ Delaware

5. Date Organized or Qualified To Do Business in Florida

06/02/2006

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

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.

NRAI Services, Inc.

Signature of Registered Agent

by: *Sharon K. Gray*

REGISTERED AGENT MUST SIGN

Date 11-12-08

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	Sitt Asset Management, LLC	One Penn Plaza, Suite 3430	New York, NY 10119
			800138183098 11/21/08 01045 002 **10.00
			REINSTATEMENT 2007-2008
			400138183114 11/21/08 01045 003 **555.00

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

Jack Sitt

Date 11/10/09

Daytime Phone # 2R-777-7488

Typed or printed name of signing Managing Member/Manager

JACK SITT