

3940000000211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

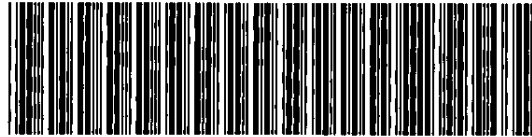
(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2006 MAY 23 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 N. DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05-23-06

NAME: FOUNTAIN COURT ACQUISITION, LP

TYPE OF FILING: AMENDMENT

COST: \$52.50

RETURN:

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

FOUNTAIN COURT ACQUISITION, L.P. d/b/a

1. The name of the limited partnership or limited liability limited partnership as appears on the records of the Florida Department of State is:

Fountain Court Acquisition, Limited Partnership

2. The jurisdiction of its formation is: New Jersey

3. The date the entity was authorized to transact business in Florida is: 6/08/94

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Sitt Acquisition LLC

One Penn Plaza, Suite 3430
New York, NY 10119

FILED
2009 MAY 23 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

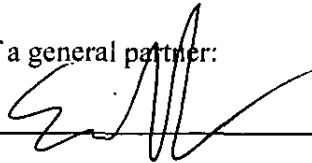
☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Eric Hoberman

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

FOUNTAIN COURT ACQUISITION, L.P.
0600013545

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Limited Partnership was registered by this office on January 26, 1994.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2006

I further certify that the registered agent and registered office are:

*National Registered Agents, Inc. Of NJ
100 Canal Pointe Blvd.
Suite 108
Princeton, NJ 08540*

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

FOUNTAIN COURT ACQUISITION, L.P.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
22nd day of May, 2006

Bradley I. Abelov

Bradley I. Abelov
State Treasurer

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
CERTIFICATE OF REINSTATEMENT - ANNUAL REPORTS

FOUNTAIN COURT ACQUISITION, L.P.

A LIMITED PARTNERSHIP

WHEREAS the above-named business entity did on the 19th day of May, 2006, satisfy all requirements for reinstatement as set forth in the laws of this State, I, the Treasurer of the State of New Jersey do hereby issue this certificate authorizing the same to continue its business and resume the exercise of its functions.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
22nd day of May, 2006



Bradley I. Abelow

Bradley I. Abelow
State Treasurer

State of New Jersey
Department of Treasury
Division of Revenue
PO Box 302
Trenton, New Jersey 08646-0302
(609) 292-9292
www6.state.nj.us/TYTR_COARS/ISP/page1.jsp

APPLICATION FOR REINSTATEMENT

DIRECTIONS: Type all information except signatures.

Corporation ☐ 14A:4-5 Non Profit Corporation ☐ 15A:5 Limited Partnership ☒ 42:2A (LP) Limited Liability Company ☐ 42:2B (LLC) Limited Liability Partnership ☐ 42 (LLP)

Business Name: FOUNTAIN COURT ACQUISITION, L.P.

Business Identification Number: 0600013545

State of Incorporation/Registration: NJ

Date of Incorporation/Registration: 01/26/1994

Revocation Date: 08/16/2005

I hereby certify that payment has been made of all Annual Report fees and fines due to the Treasurer.

C O R P O R A T I O N S	Agent Name
	Agent Address
	Name
	Signature (Must be Chairman of the Board, President or Vice President) Date:

LP/	Agent Name	National Registered Agents, Inc. of NJ		
	Agent Address	100 Canal Pointe Blvd., Suite 108, Princeton, NJ 08540		
LLC/	Name	(Must be General Partner or Authorized Representative)		
LLP	Name	(Must be General Partner or Authorized Representative)		
	Signature	Date	Signature	Date

Form must be signed with title and date provided.

MAIL TO: State of New Jersey Division of Revenue P.O. Box 302 Trenton, N.J. 08646-0302	REMIT \$275.00	FOR OFFICIAL USE ONLY FILED MAY 19 2006 STATE TREASURER
IMPORTANT NOTICE Failure to notify the Treasurer of a change in the registered agent name or registered office address will result in the penalty set forth by law.		

State of New Jersey
Department of Treasury
Division of Revenue
PO Box 302
Trenton, New Jersey 08646-0302
(609) 292-9292

www6.state.nj.us/TYTR_COARS/JSP/page1.jsp

ANNUAL REPORT REINSTATEMENT

As part of the reinstatement process, it will be necessary to bring your annual reports up to date. Please complete this form and remit the total fee due to the above address.

SUSPENSION DATE: 08/16/2005

Name and Registered Agent:

FOUNTAIN COURT ACQUISITION, L.P.
DEBRA KASS
C/O HMK ASSOCIATES
30 COLUMBIA TURNPIKE
FLORHAM PARK

NJ 07932-0000

Name and Main Business Address:

FOUNTAIN COURT ACQUISITION, L.P.
240 W 40TH STREET

NEW YORK, NY

Business Identification Number: 0600013545

Filing Month/Year: 01/2005

Total Fee Due: \$100.00

Date of Inc/Reg: 01/26/1994

Years Due: 05 04

INSTRUCTIONS:

1. FEDERAL TAX IDENTIFICATION NO.: 65-0479509
2. STANDARD INDUSTRIAL CODE: Code is obtained from your Unemployment Contribution Report (Form UC27). If available, please provide code.
3. REGISTERED AGENT AND OFFICE: Do not alter this entry in any way. If your registered agent or office is different than the information printed on this line, provide the new agent/office information on the Application for Reinstatement, which is also enclosed in this mailing. If a P.O. Box is used for the registered office, the street address must also be included. Please note that a New Jersey address is required.
4. MAIN BUSINESS OR HEADQUARTERS ADDRESS: This must be completed even if your correct business or headquarters address is repeated elsewhere on this form. Please note: A New Jersey address is not required.
5. DIRECTORS, TRUSTEES, OFFICERS, MANAGERS/MEMBERS OR GENERAL PARTNERS: List names, titles, and addresses. Either home or office addresses of your designated officers may be used.
6. PRINCIPAL BUSINESS OFFICE IN NEW JERSEY: Indicate whether you have a business office in New Jersey. If yes, please provide the address of your principal office.
7. SIGNATURE, TITLE AND DATE: All Annual Report filings must be signed with title and date. Professional corporations must have signature notarized.
8. ANNUAL REPORT PAYMENT: A separate check is required for each business filing an Annual Report with the Treasurer as the payee. All checks require the 10-digit Business Identification number on the top left corner of the check.
9. DISSOLUTION TERMS: If you are no longer in business, it is required by law to dissolve the corporation by filing the proper forms with this office. Call (609)292-9292 to request the forms.

TYPE ALL INFORMATION EXCEPT SIGNATURES
DETACH AND RETURN FORM BELOW WITH PAYMENT IN ENCLOSED ENVELOPE

Do not attach correspondence to this form. All inquiries pertaining to Annual Reports should be mailed in a separate envelope to PO BOX 302, Trenton, N.J. 08646-0302.

FILED

MAY 19 2006

STATE TREASURER

ID Number: 0600013545

State: NJ

Filing Month/Year: 01/2005

Years Due: 05 04

Type: LP

Total Fee Due: \$100.00

(1) FED ID # 65-0479509

(2) SIC #

Name: FOUNTAIN COURT ACQUISITION, L.P.

Main Business Address: 240 W 40TH STREET

NEW YORK, NY

10018

Officer/Title	Address	City	State	Zip
Officer: TAWIL RALPH	/VP 240 W 40TH ST.	NEW YORK	NY	10018
Officer: MIVIC SAUL	/PRES C/O PLAYKNITS INC, 240 W 40TH ST	NEW YORK	NY	10018
Officer:				
Agent: DEBRA KASS	C/O HMK ASSOCIATES	FLORHAM PARK	NJ	07932
Must be Completed/Typed	Address	City	State	Zip
(3) Main Business Address	c/o Sitt Asset Management LLC, One Penn Plaza, 34th Fl., New York, NY 10119			
(4) Officer/Title/Address	Ralph Sitt/President/One Penn Plaza, 34th Fl., New York, NY 10119			
(5) Officer/Title/Address	David Sitt/Vice President/One Penn Plaza, 34th Fl., New York, NY 10119			
Officer/Title/Address				

(6) Do you have a principal business office in NJ? ☒ NO ☐ YES
If yes, provide address:

NEW JERSEY ANNUAL REPORT REINSTATEMENT

(7) 
Chairman of Board, President, V.P., Registered Agent, General Partner or Authorized Representative