

508.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
08 NOV 13 AM 11:15  
TALLAHASSEE, FLORIDA  
STATE

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # B94000000211

1. Name of Limited Partnership

Fountain Court Acquisition, L.P.

2. Principal Office Address - No P.O. Box #  
c/o Sitt Asset Management, LLC

3. Mailing Office Address  
c/o Sitt Asset Management, LLC

Suite, Apt. #, etc.  
One Penn Plaza, Suite 3430

Suite, Apt. #, etc.  
One Penn Plaza, Suite 3430

City & State  
New York, NY

City & State  
New York, NY

Zip  
10119

Country  
USA

Zip  
10119

Country  
USA

4. Date Formed or Registered  
To Do Business in Florida 06/08/1994

5. FFL Number  
650479509

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 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

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited  
partnership revoked on our records.

☒ A \$500 penalty is due for each year or part thereof of the entity's  
certificate of authority was revoked on our records, except in  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 \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1903, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*Sharon K. Gray*

DATE 11-12-08

(REGISTERED AGENT MUST SIGN)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration  
Document Number

Sitt Acquisition LLC

One Penn Plaza, Suite  
3430

New York, NY 10019

M06000002856

300138183383  
11/21/08--01045--004 \*\*26.25

**REINSTATEMENT**

20500138183445  
11/21/08--01045--005 \*\*1500.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

*Jackie Sitt*

DATE 11/10/08

Typed or Printed Name of General Partner Signing Form

JACK SITT

Telephone Number 212-777-7488