

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000035713

FILED
Nov 18, 2009
Secretary of State

Entity Name: FOUNTAIN LLC

Current Principal Place of Business:

C/O BABAK ZAR 9 FIR DRIVE
GREAT NECK, NY 11024

New Principal Place of Business:

9 FIR DRIVE
GREAT NECK, NY 11024

Current Mailing Address:

C/O BABAK ZAR 9 FIR DRIVE
GREAT NECK, NY 11024

New Mailing Address:

1375 BROADWAY, 12TH FLOOR
(C/O BABAK ZAR)
NEW YORK, NY 10018

FEI Number: 84-1676748 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TOBIN, MICHAEL S
11900 BISCAYNE BLVD., SUITE 740
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

TOBIN, MICHAEL S
11900 BISCAYNE BLVD.
SUITE 740
MIAMI, FL 33181 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL S. TOBIN

11/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZAR, BABAK
Address: 9 FIR DRIVE
City-St-Zip: GREAT NECK, NY 11024

Title: MGR () Delete
Name: ZAR, MANSOUR
Address: 9 FIR DRIVE
City-St-Zip: GREAT NECK, NY 11024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BABAK ZAR

MGR

11/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date