

DEC-27-96 FRI 10:49

APPROVED AND FILED

P-02-93-1052

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morikorn  
Secretary of State  
DIVISION OF CORPORATIONS

96 DEC 27 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L93000000199**  
FAIRWIND AVV L.C.  
% Schertz Realty, Inc.  
92 Washington Avenue  
Cedarhurst, New York 11516

**REINSTATEMENT 94-96**

1a. Principal Place of Business Address  
6350 NW FIFTH WAY  
FORT LAUDERDALE, FLORIDA

2. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Organized or Qualified  
June 22, 1993  
4. FBI Number  
65-0457763  
5. State of Formation  
FLORIDA  
6. Certificate of Status Desired  
 Applied For  
 Not Applicable

7. Name and Address of Current Registered Agent  
CT Corporation System  
1200 S. Pine Island Road  
Plantation, Florida 33324

8. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
Zip Code  
**FL**

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: See Attached For signature Date: \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Manager	Harold Schertz	92 Washington Avenue	Cedarhurst, New York 11516
Manager	Warren R. Gleicher	110 East 59th Street	New York, New York 10022

600002045836-4  
-01/03/97-01168-007  
\*\*\*\*441.25 \*\*\*\*441.25

*19/12/29*

11. I certify that I am managing member/manager of the relevant 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 608.408, 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: Harold Schertz Date: Dec. 27, 1996 Daytime Phone: (516) 569-5959  
Typed or printed name of signing Managing Member/Manager: Harold Schertz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 2 of 2

~~APPLICATION FOR REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mcrham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # ~~02345678~~

1 Corporation Name  
**FAIRWIND AVV, L.C. L.C.**

Principal Place of Business Mailing Address  
**6350 NW Fifth Way  
Fort Lauderdale, Fla.**

**REINSTATEMENT**

94-96 ad

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable		3 New Mailing Address, If Applicable		4 Date incorporated or Qualified To Do Business in Florida	
Suite, Apt # etc		Suite, Apt #, etc		June 22, 1993	
City & State		City & State		5 FEI Number	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
				6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
MANAGER Mr.	Harold Schertz	92 Washington Avenue	Cedarhurst, NY 11516
MANAGER Mr.	Warren R. Gleicher	110-East 59th Street	New York, NY 10022
<b>FOR RA Signature Only</b>			200002036742--9 -12/24/96--01067--015 ***\$500.00 ***\$500.00
			200002036742--9 -12/24/96--01067--016 ***\$175.00 ***\$175.00
			200002036742--9 -12/24/96--01067--017 *****\$8.75 *****\$8.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY Date 12/23/94

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes Yes  No  (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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: Harold Schertz **Harold Schertz, Managing Director**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date December 12, 1996 Daytime Phone # (516) 569-5959

8/26/94

CR2040 (12/85)