

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 19 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L93-199

1. Limited Liability Company's Name

Fairwind AVV LC

2. Principal Office Address

6360 NW 5th way

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

Zip

Country

USA

3. Mailing Office Address

c/o SRI-LLC

Suite, Apt. #, etc.

PO Box 172

City & State

Lawrence NY

Zip

Country

11559

USA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

65-0457763

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

Zip Code

FL

33324

700004718177-4

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****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date 11/14/07

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
MGR	Harold Schertz	PO Box 172	Lawrence NY 11559
MGR	Warren R Gleser	505 Park Avenue	NY NY 10022

REINSTATEMENT

11. I, the undersigned, 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

Date

10/24/07

Daytime Phone #

646 366 0500

Typed or printed name of signing Managing Member/Manager