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TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

02 DEC 17 PM 2:41
DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

FAIRRAIN AVV, L.L.C.

Certificate of Status	1
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L97000001201

1. Limited Liability Company's Name
FAIRRAIN AVV, L.L.C.

2. Principal Office Address	3. Mailing Office Address
500 5th AVENUE	P.O. BOX 172
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW YORK, NEW YORK	City & State: LAWRENCE , NEW YORK
Zip: 10110 Country: NEW YORK	Zip: 11559 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 10/29/1997

6. FEI Number: 65-0790244 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED: X

8. Name and Address of Current Registered Agent

Name: NATIONAL CORPORATE RESEARCH, LTD., INC.

Street Address (P.O. Box Number is Not Acceptable): 103 N. MERIDIAN STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

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: Allen O. DeVries Date: 12/16/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MANAG	HAROLD SCHERTZ	500 5TH AVENUE	NEW YORK, NEW YORK 10110

11. I 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 608.408, F.S., and that all taxes 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: 12/16/02 Daytime Phone #: 646-366-2500

Typed or printed name of signing Managing Member/Manager: HAROLD SCHERTZ, MANAGER