

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001201

1. Limited Liability Company's Name

FAIRRAIN ADV. L.L.C.

2. Principal Office Address

500 Fifth Avenue

Suite, Apt. #, etc.

40th Floor

City & State

New York, NY

Zip

10010

Country

USA

3. Mailing Office Address

1475 W. Cypress Creek Road

Suite, Apt. #, etc.

Suite 202

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

10/29/97

6. FEI Number

850790244

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MIDGARD Management - MARA PORRAS

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

1475 W. Cypress Creek Road, Suite 202

Suite, Apt. #, Etc.

Suite 202

City

Ft. Lauderdale

State

FL

Zip Code

33309

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

Mara Porras

REGISTERED AGENT MUST SIGN

Date

11-11-03

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	500 Fifth Avenue, 40 th Floor - New York, NY	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 608.406, 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

Harold Schertz

Date

11/11/03

Daytime Phone #

646-366-0500

Typed or printed name of signing Managing Member/Manager

HAROLD Schertz

CR2E041 (10/02)