

# M04000005649

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 10 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200080684292

CR2E04# (8/05)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> M04000005649 1. Limited Liability Company's Name <b>Fountain Associates LLC</b>			
2. Principal Office Address <b>825 Third Avenue</b>		3. Mailing Office Address <b>825 Third Avenue</b>	
Suits, Apt. #, etc. <b>36th Floor</b>		Suits, Apt. #, etc. <b>36th Floor</b>	
City & State <b>New York</b>		City & State <b>New York</b>	
Zip <b>10022</b>	Country <b>USA</b>	Zip <b>10022</b>	Country <b>USA</b>
4. State/Country of Formation <b>Delaware</b>			
5. Date Organized or Qualified To Do Business in Florida <b>12/23/2004</b>			
6. FEI Number <b>20-2036970</b>			Applied For: <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			

8. Name and Address of Current Registered Agent	
Name <b>Corporation Service Company</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>	
Suits, Apt. #, Etc.	
City <b>Tallahassee</b>	State <b>FL</b>
	Zip Code <b>32301</b>

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: *Sara Lea* **Sara Lea** Date: 10-12-06  
REGISTERED AGENT MUST SIGN as its agent

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
MGMR	P V Fountains LLC	825 Third Avenue, 36th Floor	New York, New York 10022

REINSTATEMENT 2005-2006

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.

**P V Fountains LLC**

Signature of Managing Member/Manager: *Jeffrey Hertz* Date: Oct 10, 06 Telephone: 212 724 5639  
Typed or printed name of signing Managing Member/Manager: **Jeffrey Hertz, Vice President of Managing Member**



# M04000005649

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 515081 4348715

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 205.00

ORDER DATE : October 10, 2006

ORDER TIME : 12:0 PM

ORDER NO. : 515081-020

CUSTOMER NO: 4348715

*[Handwritten Signature]*

RECEIVED  
06 OCT 10 PM 12:52  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: FOUNTAINS ASSOCIATES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS \_\_\_\_\_

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STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA