PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 23 PM 3:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P31989

1 Corporation Name
FAIRRAIN A.V.V. LTD. CO.

Principal Place of Business
321 Fifth Avenue
New York, NY 10016

Mailing Address
c/o Stiles Prop Mgmt Co.
6400 N Andrews Avenue
Ft. Lauderdale, Fla 33309

REINSTATEMENT 94-96 AR

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
6360 Northwest 5th Way
Suite, Apt. #, etc
City & State
Fort Lauderdale, Fla.
Zip Country

3 New Mailing Address, if Applicable
c/o Schertz Realty
Suite, Apt. #, etc
92 Washington Avenue
City & State
Cedarhurst, NY
Zip 11516 Country

4 Date Incorporated or Qualified To Do Business in Florida
December 3, 1990

5 FEI Number
52-1703263
☐ Applied For
☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☒ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
MANAGING DIRECTOR Mr.	Harold Schertz	92 Washington Avenue	Cedarhurst, NY 11516
			600002040976--3 -12/30/96--01033--027 ****600.00 ****600.00
			600002040976--3 -12/30/96--01033--028 ****175.00 ****175.00
			600002040976--3 -12/30/96--01033--029 ******8.75 ******8.75

8. Name and Address of Current Registered Agent
Stiles Management Company
6400 North Andrews Avenue
Ft. Lauderdale, Fla 33304

9. Name and Address of New Registered Agent
Name
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
Suite, Apt. #, Etc.
City Plantation, State FL Zip Code 33324

CR2E040 (12/95)

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Connie Bryan REGISTERED AGENT MUST SIGN
CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date 12/23/96

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, Managing Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
December 12, 1996 Date
(516) 569-5959 Daytime Phone #

8/26/94