

<div style="position: relative; height: 100px;"> <span style="position: absolute; top: 0; left: 0; font-size: 4em; opacity: 0.5;">B97000000476</span> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> </div> </div>		FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS	
APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP			
DOCUMENT #B97000000476			
1. Name of Limited Partnership <b>Sterling Casino Lines, LP</b>			
2. Mailing Address <b>101 George King Blvd.</b> Suite, Apt. #, etc. <b>Suite 3</b> City & State <b>Cape Canaveral, FL</b> Zip Country <b>32920 USA</b>		3. Principal Office Address <b>101 George King Blvd</b> Suite, Apt. #, etc. <b>Suite 3</b> City & State <b>Cape Canaveral, FL</b> Zip Country <b>32920 USA</b>	
8a. Capital Contributions as shown on Record <b>11,597,906.00</b>		8b. Amount of Capital Contributions in FLORIDA to date <b>11,597,906.00</b>	
9. Name and Address of Current Registered Agent <b>CT Corporation Systems</b> <b>1200 South Pine Island Road</b> <b>Plantation, FL 33324</b>		10. If changed, new registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
11. Names of General Partner(s) <b>Sextant Sterling I, Inc.</b>	Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>650 Fifth Ave.</b> <b>Suite 2340</b>	City, State and Zip Code <b>New York, NY 10111</b>	11a. Registration Document Number <b>F97000004731</b>
REMITTANCE PAYMENT 99 063		200002895912--8 -06/25/99--01009--002 ****491.25 ****491.25  200002895912--8 -06/07/99--01014--001 ****285.00 ****535.00	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
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 further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE <i>Archibald Cox, Jr.</i>		DATE <b>5-20-99</b>	
Typed or Printed Name of General Partner Signing Form <b>Archibald Cox, Jr.</b>		Telephone Number _____	

CR2E039 (1/2/96)