

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10/2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000024110

1. Limited Liability Company's Name
Corset Island Holdings, LLC

2. Principal Office Address 2401 PGA Blvd., Ste. 110 Suite, Apt. #, etc. Suite 110 City & State Palm Beach Gardens, FL Zip 33410 Country USA		3. Mailing Office Address 2401 PGA Blvd., Ste. 110 Suite, Apt. #, etc. Suite 110 City & State Palm Beach Gardens, FL Zip 33410 Country USA	
--	--	--	--

700025772147
12/26/03--01031--046 **155.00

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 09/17/2002	
6. FEI Number NONE	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Robert S. Kramer
Street Address (P.O. Box Number is Not Acceptable)
853 SE Monterey Commons Blvd.
Suite, Apt. #, Etc.
City
Stuart
State
FL
Zip Code
34996

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 RS/Kramer Date December 16, 2003
REGISTERED AGENT MUST SIGN

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
MGRM	Textor Second Tier Limited Partnership	318 N. Carson St., Ste. 214	Carson City, NV 89701

REINSTATEMENT 03

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 SEE ATTACHED FOR SIGNATURE Date 12/16/03 Daytime Phone # 561-262-7603

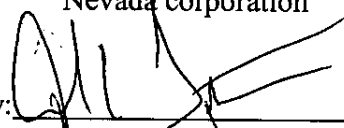
Typed or printed name of signing Managing Member/Manager _____

20/2

MANAGING MEMBER:

TEXTOR SECOND TIER LIMITED
PARTNERSHIP, a Nevada limited
partnership

BY: TEXTOR SECOND TIER, INC., a
Nevada corporation

By: 

John C. Textor, President