

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 NOV 12 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000024110

1. Limited Liability Company's Name

Corset Island Holdings, LLC

2. Principal Office Address

853 SE Monterey Commons Blv

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34996

Country

USA

3. Mailing Office Address

853 SE Monterey Commons Blvd

Suite, Apt. #, etc.

City & State

Stuart, FL 34996

Zip

34996

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/17/2002

6. FEI Number

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

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

Robert S. Kramer

REGISTERED AGENT MUST SIGN

Date

11/10/04

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 North Carson St., Ste. 214	Carson City, NV 89701

REINSTATEMENT

000042703930

11/12/04--01074--002 **150.00

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

John C. Textor, Pres of Textor Second Tier, LLC

11/10/04

Daytime Phone #

772 545 9025

Typed or printed name of signing Managing Member/Manager

John C Textor