L04000068612

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR -4 AM 8:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (8/05)

DOCUMENT # L04000068612

1. Limited Liability Company's Name
509 ISLE OF CAPRI, LLC

2. Principal Office Address	3. Mailing Office Address
C/O HSBC GUYERZELLER BANK, SA	C/O HSBC GUYERZELLER BANK, SA
Suite, Apt. #, etc. GENFERSTRASSE 8, 8027	Suite, Apt. #, etc. GENFERSTRASSE 8, 8027
City & State ZURICH	City & State ZURICH
Zip / Country SWITZERLAND	Zip / Country SWITZERLAND

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business In Florida: 9/20/2004
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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 4435 OLD WINTER GARDEN RD
Suite, Apt. #, Etc.
City: ORLANDO, State: FL Zip Code: 32811

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 _____ Date _____
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
Mr.	Georges Rayroux, MGRM	Genferstrasse 8	8027 Zurich

REINSTATEMENT
0507

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 G. Rayroux Date 23.3.07 Daytime Phone # 41 58 206.78.81

Typed or printed name of signing Managing Member/Manager Georges Rayroux

L04000068612

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

LIMITED LIABILITY REINSTATEMENT

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509 ISLE OF CAPRI, LLC

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April 4, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

509 ISLE OF CAPRI, LLC
C/O HSBC GUYERZELLER BANK, SA
GENFERSTRASSE 8, 8027 ZURICH
SWITZERLAND, XX

SUBJECT: 509 ISLE OF CAPRI, LLC
REF: L04000068612

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

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