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2008 NOV 26 AM 11:51

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000068612

1. Limited Liability Company's Name

509 ISLE OF CAPRI, LLC

500138283765
11/26/08--01022--002 **238.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o HSBC GUYERZELLER TRUST COMPANY AG ATTN: SARAH KRAYSS		c/o HSBC GUYERZELLER TRUST COMPANY AG ATTN: SARAH KRAYSS	
City & State SPLÜGENSTRASSE 6, ZURICH		City & State P.O. BOX 1788 SPLÜGENSTRASSE 6, ZURICH	
Zip CH-8027	Country Switzerland	Zip CH-8027	Country Switzerland

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **09/20/04**

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
NEIL EMMOTT

Street Address (P.O. Box Number is Not Acceptable)
2711 N.E. 14TH STREET

Suite, Apt. #, Etc.


City
FORT LAUDERDALE

State
FL

Zip Code
33304

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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.

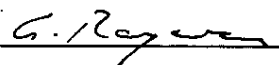
Signature of Registered Agent  Date **11/24/08**

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.	SPLÜGENSTRASSE 6	CH-8027 ZURICH, SWITZERLAND
REINSTATEMENT -08			

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  Date **11/13/08** Daytime Phone # **41 58 206.78.81**

Typed or printed name of signing Managing Member/Manager **GEORGES RAYROUX**