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2008 NOV 26 AM 11:51

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> 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 City & State SPLÜGENSTRASSE 6, ZURICH Zip CH-8027 Country Switzerland		c/o HSBC GUYERZELLER TRUST COMPANY AG ATTN: SARAH KRAYSS City & State P.O. BOX 1788 SPLÜGENSTRASSE 6, ZURICH 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	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

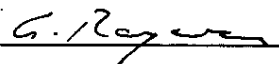
8. Name and Address of Current Registered Agent		
Name NEIL EMMOTT		
Street Address (P.O. Box Number is Not Acceptable) 2711 N.E. 14TH STREET		
Suite, Apt. #, Etc.		
City FORT LAUDERDALE	State FL	Zip Code 33304

<input type="checkbox"/> 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.
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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

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	