

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**L9600000357**

99 SEP -1 AM 11:35

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L9600000357**

STAR ISLAND ENTERPRISES, L.L.C.  
16-19 W. Star Island Drive  
Miami Beach, FL 33139

1a. Principal Place of Business Address

16-19 W. Star Island Drive  
Miami Beach, FL 33139

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

2a. Mailing Address  
c/o Helmsley Enterprises, Inc.

3. Date Organized or Qualified  
03/29/96

3a. State of Formation  
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

22-3466170

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

NONE FILED

☒ Addendum to Form 1

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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

Kimberly D. Gilbertson,  
Asst., Secy.

Date

8/31/98

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Mgrm

Leona M. Helmsley

c/o Helmsley Enterprises, Inc.  
230 Park Avenue, Suite 659

New York, NY 10169

PERMIT 500  
AR 300  
ARSD 266.25  
CUG 8.50

1,074.75

REINSTATEMENT 1997-1999

(HK) CUG

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\*\*\*1074.75 \*\*\*1074.75

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 608.408, 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 08/30/99

Daytime Phone # 212-679-3600

Typed or printed name of signing Managing Member/Manager LEONA M. HELMSLEY