

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L98000002908

Name and Mailing Address

0006221 91 AT 0.292 **AUTO T4 0 0615 33140-261500



FIRST CAPITAL TRUST, LLC
700 51 STREET
MIAMI BEACH FL 33140-2615

FILED

2003 NOV 17 AM 9:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. New Mailing Address 630 Third Avenue - STE. 1600	4. State/Country of Formation FL
City, State, Zip New York - N.Y. 10017	5. Date Organized or Qualified To Do Business in Florida 11/30/1998
Principal Place of Business 700 51 STREET MIAMI BEACH FL 33140	3. New Principal Place of Business Address City, State, Zip 65-0881781
	6. FEI Number Applied For Not Applicable
	7. <input checked="" type="checkbox"/> CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
MARINI, RONALD A ESQUIRE ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD., #3580 MIAMI FL 33131		Name Felipe Paraud <small>Street Address (P.O. Box Number is Not Acceptable)</small> 700 W. 51 Street	
		City Miami Beach	Zip Code 33140

10. 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

~~SIGNATURE REQUIRED~~

~~REGISTERED AGENT MUST SIGN~~

Date 11/03/07

1.1 Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PRYOR, WILLIAM	700 51 STREET	MIAMI BEACH FL 33140

REINSTATEMENT

2003

12. 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

~~SIGNATURE~~ REQUIRED

Date 11/02/03 Daytime Phone # 305-866-8744