

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

2003 NOV 17 AM 9:07

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000002908

Name and Mailing Address

0006221 01 AT 0.292 \*\*AUTO T4 0 0615 33140-261500



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



2. New Mailing Address <b>630 Third Avenue - Ste. 1600</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>New York - N.Y. 10017</b>		5. Date Organized or Qualified To Do Business in Florida <b>11/30/1998</b>	
Principal Place of Business <b>700 51 STREET MIAMI BEACH FL 33140</b>	3. New Principal Place of Business Address  City, State, Zip	6. FEI Number <b>65-0881781</b>	Applied For <b>Not Applicable</b>
8. Name and Address of Current Registered Agent  <b>MARINI, RONALD A ESQUIRE ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD., #3580 MIAMI FL 33131</b>		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
9. Name and Address of New Registered Agent Name <b>Felipe Paraud</b> Street Address (P.O. Box Number is Not Acceptable) <b>700 W. 51 Street</b> City <b>Miami Beach</b> FL Zip Code <b>33140</b>			
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 <b>[Signature]</b> <b>SIGNATURE REQUIRED</b> Date <b>11/03/07</b> REGISTERED AGENT MUST SIGN			
11. 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
<b>MGR</b>	<b>PRYOR, WILLIAM</b>	<b>700 51 STREET</b>	<b>MIAMI BEACH FL 33140</b>
			<b>200024761982</b>
			<b>11/17/03--01089--021 **155.00</b>
<b>REINSTATEMENT 2003</b>			

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]** **SIGNATURE REQUIRED** Date **11/03/03** Daytime Phone # **305 866 7744**

Typed or printed name of signing Managing Member/Manager