

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000000947

Name and Mailing Address

0005975 01 AT 0.292 **AUTO T4 0 0615 33133-546252



SOUTH BEACH TRISTAR CAPITAL, LLC
2665 SOUTH BAYSHORE DR.
SUITE 1002
MIAMI FL 33133-5462



2. New Mailing Address						4. State/Country of Formation DE					
City, State, Zip						5. Date Organized or Qualified To Do Business in Florida 08/28/1998					
Principal Place of Business C/O DAVID EDELSTEIN 590 MADISON AVE 21ST FLR SUTTON-EAST NEW YORK NY 10022				3. New Principal Place of Business Address City, State, Zip				6. FEI Number 13-4022310			
						Applied For 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 ROSE, ELLEN ONE S.E. THIRD AVE STE 2400 MIAMI FL 33135						9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11/03/03--01096--001 **150.00 200024387352 City 11/03/03--01096--001 **150.00 FL					
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 _____ Date _____ SIGNATURE REQUIRED 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					
MGRM	LINCOLNSTAR CAPITAL, LLC	C/O DAVID 590 MADISON AVE 21ST FLR.				NEW YORK NY 10022					
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 _____ Typed or printed name of signing Managing Member/Manager _____ SIGNATURE REQUIRED Date _____ Daytime Phone # _____											