


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000002499					
1. Corporation Name SOUTHEAST EQUITIES OF DELAWARE, INC.					
2. Principal Office Address 111 EAST 56 STREET		3. Mailing Office Address 111 EAST 56 STREET		4. Date Incorporated or Qualified To Do Business in Florida MAY 27, 1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3669598	
City & State NEW YORK, NY		City & State NEW YORK, NY		Applied For Not Applicable	
Zip 10022	Country U.S.A.	Zip 10022	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED  
00 FEB 15 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent		
Name CT CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		
Suite, Apt. #, Etc.		
City PLANTATION	State FL	Zip Code 33324

REINSTATEMENT 94-00

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date 2/15/99  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JACQUES G. MURRAY	111 EAST 56 STREET	NEW YORK, NY 10022
VVD	JEAN J. MURRAY	111 EAST 56 STREET	NEW YORK, NY 10022
TD	JEAN CHRISTOPHE PILLOIS	111 EAST 56 STREET	NEW YORK, NY 10022
S	JEAN JACQUES MURRAY	111 EAST 56 STREET	NEW YORK, NY 10022
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			***1658.75 ***1658.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES G. MURRAY

Date

Daytime Phone #

1/29/2000