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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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-04/01/02--01084--023
****900.00 ****900.00

DOCUMENT # F93000002499

1. Corporation Name: SOUTHEAST EQUITIES, INC.
DBA/SOUTHEAST EQUITIES OF DELAWARE, INC.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
111 E 56 STREET	111 E 56 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW YORK, NY	City & State: NEW YORK, NY
Zip: 10022 Country: USA	Zip: 10022 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: MAY 27, 1993

5. FEI Number: 13-3669598 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee required for a Certificate of Status

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

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: Jennifer L. Morgan, Asst Secy Date: 3/21/2002
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. MURRAM	111 E 56 STREET	NEW YORK NY, 10022
VPD	JEAN-JACQUES MURRAM	111 E 56 STREET	NEW YORK NY 10022
STD	JEAN-CHRISTOPHE PICOIS	111 E 56 STREET	NEW YORK NY 10022

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10. I certify that I am an officer or director of 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)(i), 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.

(212)644-0123

SIGNATURE: Theresa S. Montes THERESA S. MONTES 2/26/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment to #9 – Name and Addresses of Each Officer and Director:

Theresa Montes - Assistant Secretary - 111 East 56th Street, New York, NY 10022