
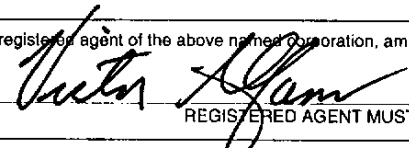
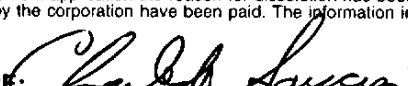


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="text-align: left;"> 97 FEB 12 AM 9:06 SECRETARY OF STATE TALLAHASSEE FLORIDA </div> <div style="font-size: 3em; font-weight: bold; margin-top: 20px; transform: rotate(-5deg);">REINSTATEMENT</div> <div style="font-size: 1.5em; margin-top: 10px;">009597</div>	
DOCUMENT # 253667 1. Corporation Name <p style="text-align: center; font-weight: bold;">SOUTHERN EQUITIES, INC.</p>					
Principal Place of Business 300 One Jackson Place 188 East Capitol Street Jackson, MS 39201-2195			Mailing Address 300 One Jackson Place 188 East Capitol Street Jackson, MS 39201-2195		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 5690 Eastover Drive Suite, Apt. #, etc.		3. New Mailing Address, If Applicable 5690 Eastover Drive Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida December, 4, 1961	
City & State New Orleans, LA		City & State New Orleans, LA		5. FEI Number 59-0946896	
Zip 70128 Country USA		Zip 70128 Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres./Dir.	Donald E. Pate	5690 Eastover Drive	New Orleans, LA 70128		
V.P./Dir.	Donald R. Sampson	5690 Eastover Drive	New Orleans, LA 70128		
V.P./Dir.	David L. Steel	5690 Eastover Drive	New Orleans, LA 70128		
Sec./Treas.	Charles A. Saucier	5690 Eastover Drive	New Orleans, LA 70128		
			9000002085589--7 -02/12/97--01098--003 ***1080.00 ***1080.00		
8. Name and Address of Current Registered Agent C.T. Corporation System 1200 S. Pine Island Road Plantation, FL 33324			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="text-align: right;">FL</div>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date February 7, 1997 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:  Charles A. Saucier February 5, 1997 504/241-4400					

CR20040 (12/95)