


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED
 98 DEC 30 PM 3:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005130**
 1. Corporation Name
AEGIS REALTY SE, INC.

Principal Place of Business Mailing Address
 625 MADISON AVENUE 625 MADISON AVENUE
 NEW YORK NY 10022 NEW YORK NY 10022



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

REINSTATEMENT

4. Date Incorporated or Date To Do Business In Florida
 09/30/1997

5. FEI Number
 APPLIED FOR
 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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
PCD	FRIED, J M	625 MADISON AVENUE	NEW YORK NY
VD	BOESKY, STUART J	625 MADISON AVENUE	NEW YORK NY
S	MCGMAHON, LYNN A Teresa Wicelinski	625 MADISON AVENUE	NEW YORK NY
T	PALERMO, RICHARD A	625 MADISON AVENUE	NEW YORK NY
D	ALLEN, PETER T	625 MADISON AVENUE	NEW YORK NY
D	FISCH, ARTHUR P	625 MADISON AVENUE	NEW YORK NY

8. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH 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

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 Charles W. O'Mey **REQUIRED** Date 12/29/98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: Teresa Wicelinski **REQUIRED** Date 12/23/98 Daytime Phone # 212-421-5333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Teresa Wicelinski, Secretary

CR2ED040 (9/98)