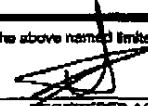
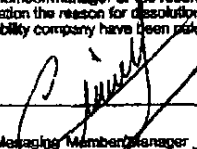


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -6 PM 2: 09

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # L06 000 111423																							
1. Limited Liability Company's Name Setai 3804, LLC																							
2. Principal Office Address - No P.O. Box # 101 20 Street Suite, Apt. #, etc. Unit 3804 City & State Miami Beach, Florida Zip Country 33139 USA		3. Mailing Office Address 101 20 Street Suite, Apt. #, etc. Unit 3804 City & State Miami Beach, Florida Zip Country 33139 USA																					
4. State/Country of Formation FLORIDA, USA																							
5. Date Organized or Qualified To Do Business in Florida 11/17/2006																							
6. FEI Number 113295237		☒ Applied For ☐ Not Applicable																					
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status																							
8. Name and Address of Current Registered Agent Name Isaac Benmergui Street Address (P.O. Box Number is Not Acceptable) 1045 Kane Concourse Suite, Apt. #, Etc. Suite 209 City State Zip Code Bay Harbor Islands FL 33154																							
9. 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 9/20/08 REGISTERED AGENT MUST SIGN																							
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>Azziz Drlouch</td> <td>23 Rue D'Alesia,</td> <td>Paris France 75014</td> </tr> <tr> <td>MGRM</td> <td>Jamel Debbouze</td> <td>12 Rue De Babylone</td> <td>Paris France 75007</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	Azziz Drlouch	23 Rue D'Alesia,	Paris France 75014	MGRM	Jamel Debbouze	12 Rue De Babylone	Paris France 75007								
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REINSTATEMENT 01-08 100136555091 10/06/08--01013--022 **277.5																							
11. 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  Date 24/09 Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager _____																							