PLEASE READ AND INSURVOID ON STREET OR COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	09 OC 1 28 M 8: 22
DOCUMENT # 1. Limited Llability Company's Name Emerging Sovereign Partners LLC		MY SES
2. Principal Office Address - No P.O. Box # 101 Park Avenue Sulte, Apt. #, etc. 48th Floor City & State	3. Malling Office Address 101 Park Avenue Sulte, Apt. #, etc. 48th Floor City & State	CR2E041 (12/07) 4. State/Country of Formation Delaware, USA 5. Date Organized or Qualified To Do Business in Florida 3/13/2008
New York, NY Zip Country 10178 USA	New York, NY Zip Country 10178 USA	6. FEI Number Applied For ✓ Not Applicable 7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee require for a Certificate of Status
Name Corporation Service Compan Street Address (P.O. Box Number Is Not Acceptable 1201 Hays Street Sulte, Apt. #, Etc. City Tallahassee	у О./	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.
9. I, being appointed the registered agent of the above named limited liability company, am familier with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Public as its agent Date 10/28/07 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Managi	Street Address of Each ers Managing Member/Mane	
J. Kevin Kenny, MGR	M 101 Park Avenue, 48t	h Floor New York, NY 10178
		900162290409
PFINSTATEN	MENT 2009	
	•	
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 filling 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 cath. Signature of Manager Date 10/38/09 Daytime Phone # 212-984-5750 Typed or printed name of signing Managing Member/Manager J. Kevin Kenny, MGRM		

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT

ORDER DATE: October 28, 2009

ORDER TIME : 3:57 PM

ORDER NO. : 170736-010

CUSTOMER NO: 4804708

REINSTATEMENT

NAME:

EMERGING SOVEREIGN PARTNERS

LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS