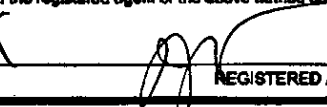


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 02 JUN 10 PM 5:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V33613					
1. Corporation Name SOUTH SEAS HOTEL OPERATIONS, INC.					
2. Principal Office Address 1627 48 ST		3. Mailing Office Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BROOKLYN NY		City & State			
Zip 11204	Country USA	Zip	Country		
		4. Date Incorporated or Qualified To Do Business in Florida 1992			
		5. FEI Number 65-0343724		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☐ See 15. Add data. See required for a Certificate of Status.			
7. Name and Address of Current Registered Agent					
Name JOSHUA MANASTER ESQ. P.A.					
Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVE 8TH FL.					
Suite, Apt. #, Etc. 8TH FLOOR					
City MIAMI		State FL	Zip Code 33131		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 817.0503, F.S.					
Signature of Registered Agent 		Date 6/7/02			
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/M	MORRIS RAND	1627 48TH ST		BROOKLYN NY 11204	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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)(d), 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: 		MORRIS RAND		Date 6/6/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 908-862-3880	

CORPORATION (8001)

REINSTATEMENT 07-02

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