

FILE No. 39

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A27703

1. Name of Limited Partnership

PH PARTNERS LTD.

REINSTATEMENT

2. Principal Office Address

c/o ALAN B. WEISMAN

Suite, Apt. #, etc.

55 EAST 55TH ST. N.Y.

City & State

New York NY

Zip

10022

Country

3. Mailing Office Address

c/o SEVELL REGENCY PARTNERS

Suite, Apt. #, etc.

2295 Corporate Blvd. N.Y.

City & State

Boca Raton FL

Zip

33431

Country

4. Date Formed or Registered
To Do Business in Florida

1/4/1989

5. FEI Number

13-2975089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

125,000

7b. Amount of Capital Contributions in FLORIDA to date:

125,000

FEES:

1. Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered
in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50
for each year due this office.2. Supplemental Fee(s): \$88.75 for each year due this office beginning
with 1992 calendar year.

3. Penalty Fee(s): \$500 penalty fee for each year report is due

Note: If the amount entered in 7b is greater than amount entered in
7a, a supplemental affidavit must be submitted along with a separate
and appropriate filing fee.

B. Name and Address of Current Registered Agent

Name

SEVELL REGENCY PARTNERS, INC.

Street Address (P.O. Box Number is Not Acceptable)

2295 Corporate Blvd. N.Y. Suite 131

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

9. This is to certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of the knowledge of the filer. The filer understands that the information supplied is subject to audit by the Department of State. The filer agrees to provide the information requested by the Department of State. The filer agrees to provide the information requested by the Department of State. The filer agrees to provide the information requested by the Department of State.

SECRETARY OF STATE (Department of State, Tallahassee, Florida)

DATE

10/14/03

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name of General Partner(s)

Address of Each General Partner
(On 101 Use Mail Order Box Numbers)

City, State and Zip Code

10a. Registered Office

WEISMAN, ALAN B.

930 PARK AVE

NEW YORK NY

LICHTENSTEIN, MICHAEL

2350 N.E. 4TH CT.

BOCA RATON FL

JESSEN, STEPHAN

420 LAKE EMBANK

NEW YORK NY

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. This is to certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of the knowledge of the filer. The filer understands that the information supplied is subject to audit by the Department of State. The filer agrees to provide the information requested by the Department of State. The filer agrees to provide the information requested by the Department of State. The filer agrees to provide the information requested by the Department of State.

SIGNATURE

ALAN B. WEISMAN

DATE

10/14/03

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