

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

98 DEC -7 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F97000006365**

1. Corporation Name

**PARTNERSHIP HOLDING, INC.**

Principal Place of Business

Mailing Address

23 WATTS STREET, FLOOR 6  
NEW-YORK NY 10013

23 WATTS STREET, FLOOR 6  
NEW YORK NY 10013



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

**REINSTATEMENT**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/03/1997	
City & State		City & State		5. FEI Number	
Zip		Country		13-3501977	
				Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST.	KATES, FAITH M	420 E 54TH STREET	NEW YORK NY

800002709778--3  
-12/11/98--01022--016  
\*\*\*\*708.75 \*\*\*\*236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STINSON, ELEANOR 209 9TH STREET MIAMI BEACH FL 33139		Name ELEANOR STINSON Street Address (P.O. Box Number is Not Acceptable) C/O NEXT 1688 MERIDIAN AVENUE (800) Suite, Apt. #, Etc. City MIAMI BEACH State FL Zip Code 33139	

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 Eleanor Stinson **SIGNATURE REQUIRED** Date 11/18/98

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: [Signature] **SIGNATURE REQUIRED** Date 11/17/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/98)