



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 NOV 24 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F97000006365				 REINSTATEMENT 1999	
1. Corporation Name PARTNERSHIP HOLDING, INC.					
Principal Place of Business 23 WATTS STREET, FLOOR 6 NEW YORK NY 10013		Mailing Address 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.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3501977	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional fee required for a certificate of status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip		
PST	KATES, FAITH M	420 E 54TH STREET	NEW YORK NY		
			7080883069597-8 -12/14/99--01080--014 ****708.75 ****236.25		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
STINSON, ELEANOR % NEXT 1688 MERIDIAN AVENUE (800) MIAMI BEACH FL 33139			Name <u>David Luis Santos</u> Street Address (P.O. Box Number is Not Acceptable) <u>c/o Next Management Co.</u> Suite, Apt. #, Etc. <u>1688 Meridian Avenue (800)</u> City <u>Miami Beach</u> State <u>FL</u> Zip Code <u>33139</u>		
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 <u>David Luis Santos</u>			Date <u>10/3/99</u>		
REGISTERED AGENT MUST SIGN					
11. 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)(i), 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: <u>David M. Kates</u>			Date <u>11/22/99</u> Daytime Phone # <u>212-925-5100</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					