

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -1 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P17917

1. Corporation Name

PARTNERSHIP FINANCIAL SERVICES, INC.

2. Principal Office Address

11010 Prairie Lakes Drive

Suite, Apt. #, etc.

Suite 150

City & State

Eden Prairie, MN

Zip

55344

Country

USA

3. Mailing Office Address

44 Old Ridgebury Road

Suite, Apt. #, etc.

City & State

Danbury, CT

Zip

06810

Country

USA

600031689986

04/01/04--01025--022 \*\*\*900 00

4. Date Incorporated or Qualified  
To Do Business in Florida 02/05/1988

5. FEI Number  
06-1156017

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Salina Amenta Gray*  
REGISTERED AGENT MUST SIGN

SALINA AMENTA GRAY  
SPECIAL ASSISTANT SECRETARY

Date

3/29/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	JOANNE MANTHE	THREE CAPITAL DRIVE	EDEN PRAIRIE / MN / 55344
PD	PAUL BOSSIDY	44 OLD RIDGEBURY ROAD	DANBURY / CT / 06810
T	CHRISTOPHER JACOBS	44 OLD RIDGEBURY ROAD	DANBURY / CT / 06810
VP	SACHIN DUA	44 OLD RIDGEBURY ROAD	DANBURY / CT / 06810
VPD	THOMAS FANELLI	44 OLD RIDGEBURY ROAD	DANBURY / CT / 06810
VP	LINDA ZECHER	44 OLD RIDGEBURY ROAD	DANBURY / CT / 06810

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SACHIN DUA*  
SACHIN DUA

Date

03/04/2004

(203) 796 2474

Daytime Phone #

CR2E081 (01/04)