

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim. Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **F94000002271**

02 DEC -2 PM 2:56

1. Corporation Name

SCHIEFFELIN PARTNER INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

19 EAST 57TH STREET
NEW YORK NY 10022
US

Mailing Address

19 EAST 57TH STREET
NEW YORK NY 10022
US



REINSTATEMENT

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

05/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3423809

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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
D	CAMPBELL, COLIN	30 AVENUE HOCHÉ	75008 PARIS, FRANCE
DPT	INGRAM, BRUCE G	19 EAST 57TH STREET	NEW YORK NY 10022
S	FIRESTONE, LOUISE	19 EAST 57TH STREET	NEW YORK NY 10022
V	FOLKMAN, MICHAEL	19 EAST 57TH STREET	NEW YORK NY 10022
			3000009289343 12/02/02--01010--011 **750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Michael Folkman
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/27/02

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:

Michael Folkman
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02

Daytime Phone #

CR2E040 (8/02)