

F05000006665

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

F05-6665

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TALLAHASSEE, FLORIDA

*Serving the Legal Community for Over 100 Years . . . Registered Agents in Every State*

JAMES A. CURRAN  
JOSEPH J. COLLOPY  
TERESA MAGEE

## Corporation Guarantee and Trust Company

TWO GREENWOOD SQUARE, SUITE 110  
3331 STREET ROAD, BENSALEM, PA 19020  
TELEPHONES: (800) 563-6131 • (215) 633-8144  
FAX (215) 633-8160  
E-MAIL: [info@cgtco.com](mailto:info@cgtco.com)

November 4, 2005

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

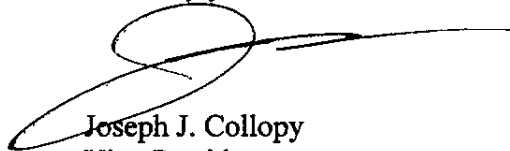
**RE: CONVIRE, INC.**

Dear Sir or Madam:

Enclosed is duplicate Application for Authority of the above company for filing with your office, together with Certificate of Good Standing and our \$78.75 check to cover filing fees.

Please send your usual acknowledgment and receipt to this office when the filing has been completed. Thank you.

Cordially yours,



Joseph J. Collopy  
Vice-President

JJC/mag

Enclosures

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. CONVIRE, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. AUGUST 9, 2005

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 175 FAIRFIELD AVENUE, STE 1C, WEST CALDWELL, NJ 07006

(Principal office address)

SAME

(Current mailing address)

8. MATERIAL RECYCLING (Bench Work)

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

EDWIN F. BLANTON

Office Address:

825 THOMASVILLE ROAD

TALLAHASSEE FL

(City)

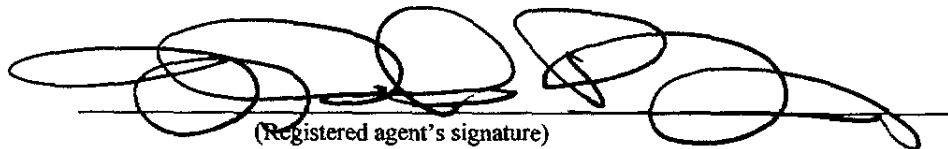
, Florida 32303

(Zip code)

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TALLAHASSEE FLORIDA

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: JAMES FALONI

Address: 175 FAIRFIELD AVENUE, STE 1C, WEST CALDWELL, NJ 07006

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: STANISLAW MUSIAL

Address: 175 FAIRFIELD AVENUE, STE 1C, WEST CALDWELL, NJ 07006

Director: MARIAN WALAS

Address: 175 FAIRFIELD AVENUE, STE 1C, WEST CALDWELL, NJ 07006

**B. OFFICERS**

President: JAMES FALONI

Address: 175 FAIRFIELD AVENUE, STE 1C, WEST CALDWELL, NJ 07006

Vice President: MARIAN WALAS

Address: 175 FAIRFIELD AVENUE, STE 1C, WEST CALDWELL, NJ 07006

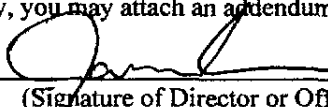
Secretary: STANISLAW MUSIAL

Address: 175 FAIRFIELD AVENUE, STE 1C, WEST CALDWELL, NJ 07006

Treasurer: STANISLAW MUSIAL

Address: 175 FAIRFIELD AVENUE, STE 1C, WEST CALDWELL, NJ 07006

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. James Faloni (President)  
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

CONVIRE, INC.  
0100949963

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on August 9, 2005.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

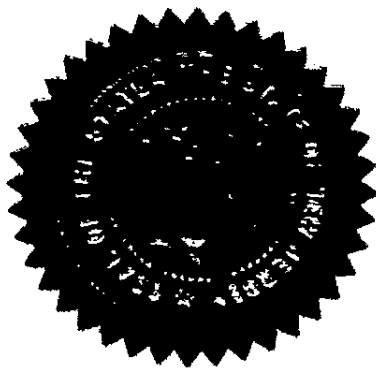
*David A Faloni Sr  
175 Fairfield Avenue  
Suite 1 C  
West Caldwell, NJ 07006*

*Continued on next page . . .*

• STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

CONVIRE, INC.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
2nd day of November, 2005



A handwritten signature in cursive script, reading "John E. McCormac". The signature is fluid and written in dark ink.

John E McCormac, CPA  
State Treasurer