

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000006665

1. Entity Name
CONVIRE, INC.



FILED

06 DEC 26 AM 8:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**175 FAIRFIELD AVENUE, STE 1C
WEST CALDWELL, NJ 07006**

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

2. Principal Place of Business CONVIRE, INC		3. Mailing Address CONVIRE INC	
Suite, Apt. #, etc. 3020 REYNOLDS RD		Suite, Apt. #, etc. 3020 REYNOLDS RD.	
City & State LAKE LAND FLORIDA		City & State LAKE LAND FLORIDA	
Zip 33803	Country POLK	Zip 33803	Country POLK

REINSTATEMENT

4. FEI Number
13-4303784

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLANTON, EDWIN F
810 THOMASVILLE ROAD
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name
MARIAN WALAS -

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

3020 REYNOLDS RD. SUITE 1-3

City
LAKE LAND FL Zip Code
33803

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE *Marian Walas* **MARIAN WALAS - REGISTERED AGENT** **12/20/06**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP FALONI, JAMES 175 FAIRFIELD AVENUE, STE 1C WEST CALDWELL, NJ 07006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MUSIAL, STANISLAW 175 FAIRFIELD AVENUE, STE 1C WEST CALDWELL, NJ 07006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WALAS, MARIAN 175 FAIRFIELD AVENUE, STE 1C WEST CALDWELL, NJ 07006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ZBIGNIEW KAZMIERCZAK 600 WILDWOOD LANE WEST CHICAGO ILL. 60185	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	900082777599 12/28/06--01049--002 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **12/20/06 (863) 666-2308**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

DEC 26 2006