PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 JUL 31 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005481

1. Corporation Name
USN MANAGEMENT, INC

REINSTATEMENT 06-08

CR2E061 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
125 THEODORE CONRAD DR	125 THEODORE CONRAD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JERSEY City, NJ	City & State: JERSEY City, NJ
Zip: 07305 Country: USA	Zip: 07305 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/94

5. FEI Number: 65-0521923 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND Rd

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Connie Bay SPECIAL AUTHORIZED AGENT Date: 7/31/08
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MORTIMER ZUCKERMAN	599 Lexington AVE	NEW YORK NY 10022
SR. VP	THOMAS H. PECK	125 THEODORE CONRAD DR	JERSEY City NJ 07305
ASST. SEC	CYNA ALDERMAN	450 W. 33RD ST	NEW YORK, NY 10001
SR. VP/ SEC	PETER DWOSKIN	450 W. 33RD Street	NEW YORK, NY 10001
		200131246542 06/12/08--01042--017 **750.00	
		7/31	

10. I certify that I am an officer or director of the reporter 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 contained in Chapter 119, 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: Peter Dwoskin PETER DWOSKIN 07/30/08 212-210-6390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000185511 3)))

H08000185511 3ABC$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

U.S.N. MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

Electronic Filing Menu Corporate Filing Menu Help