

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F98000006853

1. Corporation Name

U.S. CONCEPTS, INC.

Principal Place of Business

16 WEST 22ND STREET  
NEW YORK NY 10010

Mailing Address

16 WEST 22ND STREET  
2ND FLOOR  
NEW YORK NY 10010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1998

5. FEI Number

11-3465794

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BENFIELD, JOHN P	415 NORTHERN BOULEVARD	GREAT NECK NY 11021
VDS	BERNARD, DONALD A	415 NORTHERN BOULEVARD	GREAT NECK NY 11021
D	AMERSHADIAN, PAUL A	415 NORTHERN BOULEVARD	GREAT NECK NY 11021
CEO	MURPHY, BRIAN	16 WEST 22ND STREET	NEW YORK NY 10010
P	BRADFORD, BRYEN	16 WEST 22ND STREET	NEW YORK NY 10010
VP	MARTIN, MARCUS	16 WEST 22ND STREET	NEW YORK NY 10010

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600004679206--9

-11/14/01 State of FL \*\*\*750.00

\*\*\*750.00

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-22-01

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:

MARCUS MARTIN

Date

Daytime Phone #

CR2E040 (8/01)