

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 PM 4:31

DOCUMENT # **P92000014554**

1. Corporation Name

CONVENTION RESOURCE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

7226 W. COLONIAL DR., #168
ORLANDO FL 32818
US

7226 W. COLONIAL DR., #168
ORLANDO FL 32818
US



REINSTATEMENT *00*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/21/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3156854	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
P	WEIGAND, ERIC	845 GROVESMERE LOOP <i>See Below</i>	OC0EE FL 34761 <i>See Below</i>
VP	QUARTANO, CAROL	845 GROVESMERE LOOP <i>See Below</i>	OC0EE FL 34761 <i>See Below</i>
			000003464850--1 -11/15/00--01100--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WEIGAND, ERIC F
845 GROVESMERE LOOP
OC0EE FL 34761

9. Name and Address of New Registered Agent

Name	
ERIC F. WEIGAND	
Street Address (P.O. Box Number is Not Acceptable)	
617 DeLaney Park Dr.	
Suite, Apt. #, Etc.	
City	State Zip Code
ORLANDO	FL 32806

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

Eric F. Weigand
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *OCTober 25, 2000*

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:

Carol Quartano
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-895-8883

CR20040 (8/00)