


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000058229		
1. Entity Name US CONVENTION CORPORATION		

SECRET
DIVISION OF REVENUE

06 OCT 10 PM 1:28

REINSTATEMENT 06



10052006 REIN-P CR2E098 (11/05)

Principal Place of Business 28 W. GRAND AVE MONTVALE, NJ 07645		Mailing Address 28 W. GRAND AVE MONTVALE, NJ 07645	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-0526116

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIONAL REGISTERED AGENTS, INC. 2731 EXECUTIVE PARK DR, SUITE 4 WESTON, FL 33331		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYERS, STEVEN E			NAME			
STREET ADDRESS	460 WORTH AVE			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 33480			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, MICHAEL C			NAME			
STREET ADDRESS	207 COMMODORE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEARSON, JAMES			NAME			
STREET ADDRESS	28 W. GRAND AVE			STREET ADDRESS			
CITY-ST-ZIP	MONTVALE, NJ 07645			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBIN, MARTIN A			NAME			
STREET ADDRESS	28 W GRAND AVE			STREET ADDRESS			
CITY-ST-ZIP	MONTVALE, NJ 07645			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: JAMES PEARSON 10/5/06 201 930 9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #