900:00

30 1362-ANR2004

2004 FOR PROFIT CORPORATION	•
REINSTATEMENT	

		REINSTA	ATEMENT								
DOCU	OCUMENT # 331780				4						
1. Entity Name				ALT.							
MILES MELDISCO K-M HIALEAH FLA INC						12					
Principal Plac	s of Dysions		Banking Address		- Control		10		라 () 1 : - 1411	· 4	
•		5	Mailing Address	,					1 : 1 15	, t	
	1460 W 49TH ST 933 MACARTHUR BLVD. HIALEAH, FL 33000 US MAHWAH, NJ 07430										
									1 83871 818 71 81	IN EXEN CION CION	IA BI II IN IN IN
Principal Place of Business 3. Mailing Address								2			
Suite, Apt. #, etc. Suite, Apt. #, etc.				RE	100 STA	N.b.	E CASE	1] 99 <u>8 (6/04)</u>	14-05		
City & State	e		City & State			1	I Number 3-2630832				plied For
Zip		Country	Zip	Coun	try		ertificate of Star		Not Applicable \$8.75 Additional		itional
	6 Name	6. Name and Address of Current Registered Agent								Fee Required	<u></u>
	o. Name	and Address of Current	negistereo Agent		Name	7. Na	ame and Addre	ess of New A	egistered	Agent	
		ORPORATION COM	PANY		Street Address (P.O. Box Number is Not Acceptable)						
	1201 HAYS STREET, STE 105 TALLAHASSEE, FL 32301										
					City				FL	Zip Code	,
8. The above	named entitions of regis	y submits this statement for	or the purpose of changing its	register	ed office or re	registered ager	nt, or both, in th	ne State of Fig		- 1	and accept
SIGNATURE -	iona or regia	tered again.									
SIGNATURE.	Signature, typed	or printed name of registerod agent	and title if applicable. (NOT)	E: Register	ed Agent signatu	ure required when s	reinstating)		DATE		
- '		• •									
		EE IS \$750.00 05, Fee will be \$900.0	00								
10.		OFFICERS AND	DIRECTORS	11.		ADD	DITIONS/CHAN	CEC TO OFF	ICCOC ANI) DIDECTOR	VINI 11
TITLE	V	OFFICERS AND	Delete	TITU		ADD	JITIONS/CHAIN	GES I.O OFF	ICERS AND	☐ Change	Addition
NAME	PROFFIT	T, RANDALL \$	La belole	NAM	1					- Critingo	
STREET ADDRESS		ARTHUR BLVD.			ET ADDRESS						
CITY-ST-ZIP	MAHWAH	f, NJ		-1-	-ST-ZIP						
TITLE NAME	P	D. JEFFREY	Delete	TITU						☐ Change	Addition
STREET ADDRESS				ET ADDRESS	_	3000 05/24/05	۽ ڄ ڇال	2015	ora.	}	
CITY-ST-ZIP				-ST-ZIP	U	J57.247U5 ⁻	UIU (001	寒寒!!!!!.	UU	
TITLE	S		☐ Delete	TITU						☐ Change	☐ Addition
NAME STREET ADDRESS	E .	DS, MAUREEN ARTHUR BLVD.		NAM	E Et address						l
CITY-ST-ZIP	MAHWAH				-ST-ZIP						
TITLE	AT		Delete	TITL	TREA	ASURFR	CENT			☐ Change	Addition
NAME	BAUMLIN	I, THOMAS		NAM	• ••	VIN	CENT	ZANN	Α		_
STREET ADDRESS CITY-ST-ZIP		ARTHUR BLVD. I, NJ 07430			ET ADDRESS -ST-ZIP	1 CROS	FIELD A	E. WE	ST NY	ACK_NY	10994
TITLE	IVIACIVVAC	1, NJ 07430	☐ Delete	TITL				,		☐ Change	Addition
NAME			CJ Delete	NAM						change	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME	Ì			NAM	II					onange	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP		*1-6	Laker One - 1		-ST-ZIP	41-6	10.07/0/// =		1.6	are in the second	,
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: G 7 T-VINCENT ZANNA MAY 1 2005										
SIGNAI	UNE	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIREC	OR C	CMM/M	1	ate		Daytime Phone #	