

**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

900.00

30 1362-ANR2004

DOCUMENT # 331780 1. Entity Name MILES MELDISCO K-M HIALEAH FLA INC						05 MAY 12 AM 8:26 1010 10TH ST HIALEAH, FL 33000	
Principal Place of Business 1460 W 49TH ST HIALEAH, FL 33000 US				Mailing Address 933 MACARTHUR BLVD. MAHWAH, NJ 07430			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 13-2630832				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET, STE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent 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, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE V <input type="checkbox"/> Delete NAME PROFFITT, RANDALL S STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH, NJ				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE P <input type="checkbox"/> Delete NAME SHEPARD, JEFFREY STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH, NJ				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE S <input type="checkbox"/> Delete NAME RICHARDS, MAUREEN STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH, NJ				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE AT <input checked="" type="checkbox"/> Delete NAME BAUMLIN, THOMAS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH, NJ 07430				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER NAME VINCENT ZANNA STREET ADDRESS 1 CROSFIELD AVE., WEST NYACK, NY 10994 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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: <u>VINCENT ZANNA</u> MAY 1 2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

REINSTATEMENT 04-05

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