


**2004 FOR PROFIT CORPORATION  
REINSTATEMENT**

900.00  
301312-ANR2004

<b>DOCUMENT # 334650</b>		
1. Entity Name MILES MELDISCO K-M TAMPA FLA INC		

FILED

05 MAY 12 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 8245 N FLORIDA AVE TAMPA, FL 33604 US	Mailing Address 933 MACARTHUR BLVD. MAHWAH, NJ 07430
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11182004 REIN-P CR2E098 (6/04)

4. FEI Number 13-2620776	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		7. Name and Address of New Registered Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		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 <i>Lynette Coleman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>5-18-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>	
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PROFFITT, RANDALL S 933 MACARTHUR BLVD. MAHWAH, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPARD, JEFFREY 933 MACARTHUR BLVD. MAHWAH, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUINNESSY, KATHLEEN 933 MACARTHUR BLVD. MAHWAH, NJ <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BAUMLIN, THOMAS 933 MACARTHUR BLVD. MAHWAH, NJ 07430 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDS, MAUREEN 933 MACARTHUR BLVD MAHWAH, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHILLING, ROBERT 893 MACARTHUR BLVD MAHWAH, NJ 07430 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

800055196758  
05/24/05--01067--013 \*\*\$900.00

**TREASURER VINCENT ZANNA**  
**1 CROSFIELD AVE., WEST NYACK, NY 10994**

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: <i>Vincent Zanna</i>	VINCENT ZANNA	MAY 1 2005
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>

*119aw*