



960.00

301687-ANR2004

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 390929					
1. Entity Name MILES MELDISCO K-M SEMORAN BLVD., FLA., INC.					
Principal Place of Business 1801 S. SEMORAN BLVD. ORLANDO, FL 32807			Mailing Address 933 MACARTHUR BLVD MAHWAH, NJ 07430 US		
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 22-1937490	
				<input type="checkbox"/> 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 HAYES STREET STE. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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	V	<input type="checkbox"/> Delete	TITLE	300055183633 05/24/05--01045--016 ***\$900.00	
NAME	PROFFITT, RANDALL S		NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH, NJ		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEPARD, JEFFREY		NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH, NJ		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUINNESSY, KATHLEEN		NAME	TREASURFR	
STREET ADDRESS	933 MACARTHUR BLVD.		STREET ADDRESS	VINCENT ZANNA	
CITY-ST-ZIP	MAHWAH, NJ 07430		CITY-ST-ZIP	1 CROSFIELD AVE., WEST WACK, NY 10934	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, MAUREEN		NAME		
STREET ADDRESS	933 MACARTHUR BLVD		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH, NJ		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUMLIN, THOMAS		NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH, NJ 07430		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 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: 			MAY 1 2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

VINCENT ZANNA