


**2004 FOR PROFIT CORPORATION  
REINSTATEMENT**

900.00

30 1696-AN 2004

<b>DOCUMENT # 390930</b> 1. Entity Name <b>MILES MELDISCO K-M 9TH ST., FLA., INC.</b>	
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FILED

05 MAY 12 AM 10: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 9500 9TH ST N ST PETERSBURG, FL 33702 US	Mailing Address 933 MACARTHUR BLVD. MAHWAH, NJ 07430
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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 22-1937493		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 SUITE 105 TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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>	<b>Lynette Coleman</b> <b>as its agent</b>	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>	
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	MAY 1 2005 <small>Date</small>	Daytime Phone #

VINCENT ZANNA

5/19 00