

900.00

30 1696-ANR2004

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY 12 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # 390930		1. Entity Name MILES MELDISCO K-M 9TH ST., FLA., INC.		Principal Place of Business 9500 9TH ST N ST PETERSBURG, FL 33702 US		Mailing Address 933 MACARTHUR BLVD. MAHWAH, NJ 07430	
2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-1937493		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	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.				Lynette Coleman as its agent			
SIGNATURE: <i>Lynette Coleman</i>		(NOTE: Registered Agent signature required when reinstating)		DATE: 5-18-05			
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	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	200055196632	
NAME	PROFFITT, RANDALL S		NAME				05/24/05--01067--008 **900.00
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	TREASURFR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GUINNESSEY, KATHLEEN		NAME	VINCENT ZANNA			
STREET ADDRESS	933 MACARTHUR BLVD.		STREET ADDRESS	1 CROSFIELD AVE., WEST NYACK, NY 10994			
CITY-ST-ZIP	MAHWAH, NJ		CITY-ST-ZIP				
TITLE	AT	<input 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	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		<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: *Vincent Zanna* MAY 1 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

VINCENT ZANNA

5/19 00