

301734HNR05

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 392935**  
 1. Entity Name  
**MILES MELDISCO K-M NEW PORT RICHEY, FLA., INC.**



FILED  
 05 JUL -6 PM 12: 01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: 1005 US HWY. 19 SOUTH, NEWPORT RICHEY, FL 33552  
 Mailing Address: 933 MACARTHUR BLVD, MAHWAH, NJ 07430

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



04272005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY -**  
 1201 HAYES STREET  
 STE. 105  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
 Name: Corporation Service Company  
 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street  
 City: Tallahassee FL Zip Code: 32301

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.  
**Cynthia L. Harris**  
 as its agent  
 SIGNATURE: *Cynthia L. Harris* DATE: 6/9/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: SHEPARD, JEFFREY A STREET ADDRESS: 933 MACARTHUR BLVD. CITY-ST-ZIP: MAHWAH, NJ 07430	<input type="checkbox"/> Delete
TITLE: V NAME: PROFFITT, RANDALL S STREET ADDRESS: 933 MACARTHUR BLVD. CITY-ST-ZIP: MAHWAH, NJ 07430	<input type="checkbox"/> Delete
TITLE: S NAME: RICHARDS, MAUREEN STREET ADDRESS: 933 MACARTHUR BLVD. CITY-ST-ZIP: MAHWAH, NJ 07430	<input type="checkbox"/> Delete
TITLE: AT NAME: BAUMLIN, THOMAS STREET ADDRESS: 933 MACARTHUR BLVD CITY-ST-ZIP: MAHWAH, NJ 07430	<input checked="" type="checkbox"/> Delete
TITLE: AT NAME: WOJNO, THOMAS STREET ADDRESS: 933 MACARTHUR BLVD CITY-ST-ZIP: MAHWAH, NJ 07430	<input checked="" type="checkbox"/> Delete
TITLE: AT NAME: GUINNESSEY, KATHLEEN STREET ADDRESS: 933 MACARTHUR BLVD. CITY-ST-ZIP: MAHWAH, NJ 07430	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: Annette Cantilli STREET ADDRESS: 933 MACARTHUR BLVD., MAHWAH, NJ 07430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TREASURFR NAME: VINCENT ZANNA STREET ADDRESS: 933 MacARTHUR BLVD., MAHWAH, NJ 07430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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*AS 7/13*

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: *Annette Cantilli* 5/5/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

Annette Cantilli  
 Asst. Secretary