2004 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT								e e e e e e e e e e e e e e e e e e e				
DOCUMENT # 394239												
1. Entity Name MILES MELDISCO K-M OCALA, FLA., INC.							05 HAY 12 711 8: 45					
Principal Place	o of Ousinos		Mailian Addrona						- 174 - 11 - 11	1.5		
3711 E. SILV			Mailing Address 933 MACARTHUR BLVD						T 75.19	.14		
OCALA, FL 3		OCVD.	MAHWAH, NJ 07430 US									
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2. Principal P	lace of Busin	ess	3. Mailing Address								_	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			EHAST	ALEM		098 (6/04)	DH-0E		
City & State	e		City & State				4. FEI Numbe 22-194			_ 	plied For t Applicable	
Zip		Country	Zip	try	5. Certificate of Status Desired			S8.75 Additional Fee Required				
	6. Name	and Address of Current I	Registered Agent		Name		7. Name and	Address of New R	egistered /	lgent		
UNITED STATES CORPORATION COMPANY						Name						
1201 HAYES STREET STE. 105						Street Address (P.O. Box Number is Not Acceptable)						
TALLAHAS	SSEE, FL	32301										
					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00												
10.		OFFICERS AND I	DIRECTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S INI 11	
TITLE	٧	OF TOLINO THE	Delete	TITLE			ADDITIONS	CHARGES TO OTT	ICENS AND		☐ Addition	
NAME	GUINNESSEY, KATHLEEN NA						<u> </u>		er a		_	
STREET ADDRESS CITY-ST-ZIP	933 MAC/ MAHWAH	ARTHUR BLVD. I. NJ		et address -St-Zip		600055189766 05/24/0501045017 ***900.00						
TITLE	P	.,,	□ Delete	TITLE			331 6	.,		Change	Addition	
NAME	SHEPARD, JEFFREY		NAM		E							
STREET ADDRESS CITY-ST-ZIP	933 MAC/ MAHWAH	ARTHUR BLVD. I. N.I	,		ET ADDRESS - ST - ZIP							
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NAME	BAUMLIN, THOMAS				Ŀ	100	/INCEN	T ZANNA	4	_ •	_	
STREET ADDRESS CITY-ST-ZIP	J	ARTHUR BLVD. I, NJ 07430			ET ADDRESS -ST-ZIP 1	200	CEIEI D	AVE., WEST	RIVACI	(NV 1	0994	
HILE	s	1,110 01 100	☐ Defete	TITLE		CNU	SI ILLU I	TEL., WEGE	MINO	Change	F Addition	
NAME		S, MAUREEN		NAM	Ε							
STREET ADDRESS CITY-ST-ZIP	933 MAC	ARTHUR BLVD			et address -st-zip							
TITLE		,,,,,,,	☐ Delete	TITLE						☐ Change	☐ Addition	
NAME				МАМ								
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP					·		
TITLE			☐ Oelete	TITLE				, .		☐ Change	☐ Addition	
NAME STREET ADDRESS				MAM	E Et address							
CITY-ST-ZIP					-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. MAY 1 2005												
SIGNATURE: SIGNATURE AND TYPED OF ERBIT TED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #												