


13668

**2005 FOR PROFIT CORPORATION  
REINSTATEMENT**

750.00

30 3049-ANR05

<b>DOCUMENT # F20948</b> 1. Entity Name: MELDISCO K-M LEHIGH ACRES, FLA., INC.					
Principal Place of Business 1200 HOMESTEAD RD N LEGIGH ACRES, FL 33936 US			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		Country		Zip	
Country		Country		4. FEI Number 22-2340148	
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 HAYES ST SUITE 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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">           SIGNATURE: <i>Cynthia L. Harris</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> <b>Cynthia L. Harris</b>  <b>as its agent</b> </div> <div style="text-align: center;">           DATE: 10/18/05         </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$750.00</b>  <b>After January 1, 2006, Fee will be \$900.00</b> </div> <div>           (NOTE: Registered Agent signature required when reinstating)         </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME SHEPARD, JEFFREY	P <input type="checkbox"/> Delete STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH, NJ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300061552763 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/18/05--01054--005 **750.00		
TITLE NAME PROFFITT, RANDALL S	V <input type="checkbox"/> Delete STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH, NJ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME ZANNA, VINCENT	T <input type="checkbox"/> Delete STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH, NJ 07430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME RICHARDS, MAUREEN	S <input type="checkbox"/> Delete STREET ADDRESS 933 MACARTHUR BLVD CITY-ST-ZIP MAHWAH, NJ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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>Annette Cantilli</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Annette Cantilli Asst. Secretary Date: 11/10/05 Daytime Phone #		

FILED

05 NOV 18 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10122005 REIN-P CR2E098 (6/04)

 4. FEI Number  
 22-2340148

 Applied For  
 Not Applicable

 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

 UNITED STATES CORPORATION COMPANY  
 1201 HAYES ST  
 SUITE 105  
 TALLAHASSEE, FL 32301

 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.

 SIGNATURE: *Cynthia L. Harris*  
Signature, typed or printed name of registered agent and title if applicable.
**Cynthia L. Harris**  
**as its agent**

10/18/05

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

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TITLE NAME PROFFITT, RANDALL S	V <input type="checkbox"/> Delete STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH, NJ
TITLE NAME ZANNA, VINCENT	T <input type="checkbox"/> Delete STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH, NJ 07430
TITLE NAME RICHARDS, MAUREEN	S <input type="checkbox"/> Delete STREET ADDRESS 933 MACARTHUR BLVD CITY-ST-ZIP MAHWAH, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300061552763 11/18/05--01054--005 **750.00
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 SIGNATURE: *Annette Cantilli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Annette Cantilli  
 Asst. Secretary

Date

Daytime Phone #