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\$1750.00

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2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV 18 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96222					
1. Entity Name MELDISCO K-M CATTLEMAN RD., FLA., INC.					
Principal Place of Business 3941 CATTLEMAN RD. SARASOTA, FL 33583 US		Mailing Address 933 MACARTHUR BLVD. MAHWAH, NJ 07430			
2. Principal Place of Business		3. Mailing Address			
Suits, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10122005 REIN-P CR2E098 (6/04)	
Zip		Country		4. FEI Number 22-2415623	
				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			7. Name and Address of New Registered Agent		
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL 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: <i>Cynthia L. Harris</i>		Cynthia L. Harris as its agent		DATE: 10/18/05	
NOTE: Registered Agent Signature Required when reinstating					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	70006155289	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, JEFFREY		NAME	11/18/05--01054--006	**750.00
STREET ADDRESS	933 MACARTHUR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH, NJ 07430		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROFFITT, RANDALL S		NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH, NJ 07430		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANNA, VINCENT		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 07430		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Annette Cantilli</i>		Annette Cantilli		Date: 11/10/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Asst. Secretary		Daytime Phone #	