

2005 FOR PROFIT CORPORATION REINSTATEMENT

\$750.00

30 3318-ANR 05

DOCUMENT # G20184

1. Entity Name
MELDISCO K-M LARGO, FLA., INC.



Principal Place of Business
13100 66TH ST.
LARGO, FL 33543 US

Mailing Address
933 MACARTHUR BLVD.
MAHWAH, NJ 07430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10122005

REIN-P

CR2E098 (6/04)

4. FEI Number
22-2436669

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/18/05

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHEPARD, JEFFREY
STREET ADDRESS 933 MACARTHUR BLVD.
CITY-ST-ZIP MAHWAH, NJ ☐ Delete

TITLE V
NAME PROFFITT, RANDALL S
STREET ADDRESS 933 MACARTHUR BLVD.
CITY-ST-ZIP MAHWAH, NJ ☐ Delete

TITLE S
NAME RICHARDS, MAUREEN
STREET ADDRESS 933 MACARTHUR BLVD.
CITY-ST-ZIP MAHWAH, NJ ☐ Delete

TITLE T
NAME ZANNA, VINCENT
STREET ADDRESS 933 MACARTHUR BLVD
CITY-ST-ZIP MAHWAH, NJ 07430 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 300061555243
STREET ADDRESS 11/18/05--01058--011 **750.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Annette Cantilli
Asst. Secretary

11/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
05 NOV 18 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

