


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

\$750

30 4359-ANR05

<b>DOCUMENT # H97216</b> 1. Entity Name MELDISCO K-M PINES BLVD. & DUKES BLVD., FL., INC.						FILED 05 NOV -7 PM 1:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 15915 PINES BLVD PENBROKE PINES, FL 33027				Mailing Address 933 MACARTHUR BLVD MAHWAH, NJ 07430-2045 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>				10122005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent  UNITED STATES CORPORATION COMPANY 1201 HAYS 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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;">           SIGNATURE <u>Cynthia L. Harris</u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>Cynthia L. Harris</b>  <b>as its agent</b> </div> <div style="width: 20%; text-align: right;"> <u>10/18/05</u>  <small>DATE</small> </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$750.00</b>  <b>After January 1, 2006, Fee will be \$900.00</b> </div> <div style="width: 60%;"></div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPARD, JEFFREY 933 MACARTHUR BLVD. MAHWAH, NJ			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500061221675 11/08/05--01002--001 **\$750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PROFFITT, RANDALL S 933 MACARTHUR BLVD. MAHWAH, NJ			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZANNA, VINCENT 933 MACARTHUR BLVD STOCKHOLM, NJ 07460			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDS, MAUREEN 933 MACARTHUR BLVD MAHWAH, NJ			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Annette Cantilli</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Annette Cantilli Asst. Secretary <u>10/27/05</u> <small>Date</small>			