


750.00

363052 HNR04

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000106608					
1. Entity Name MELDISCO - BUR 4125 CLEVELAND AVE., FL., INC.					
Principal Place of Business ONE CROSFIELD AVENUE WEST NYACK, NY 10994			Mailing Address ONE CROSFIELD AVENUE WEST NYACK, NY 10994		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u>Cynthia L. Harris</u> <b>Cynthia L. Harris as its agent</b> DATE <u>6/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEPARD, JEFFREY A		NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH, NJ 07430		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARDS, MAUREEN		NAME		
STREET ADDRESS	1 CROSFIELD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WEST NYACK, NY 10994		CITY-ST-ZIP		
TITLE	SRVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILLS, MICHAEL		NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH, NJ 07430		CITY-ST-ZIP		
TITLE	SRVP	<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	SRVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAVENER, ROBERT		NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH, NJ 07430		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARAHAN, TIMOTHY R		NAME		
STREET ADDRESS	67 MILBROOK STREET		STREET ADDRESS		
CITY-ST-ZIP	WORCESTER, MA 01606		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 lines empowered.					
SIGNATURE: <u>TIMOTHY GARAHAN</u>			APR 25 2005 VICE PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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 11182004-REIN-P-CH2E098 (6/04)  
 REINSTATEMENT  
 42-1558751  
 Not Applicable

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