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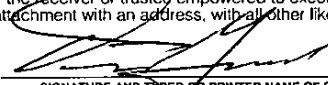
363049 ANR05

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 MAY 23 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                     |  |   |   |  |
|---|---------------------|--|---|---|--|
| DOCUMENT # P02000106612   |                     |  |   |      |  |
| 1. Entity Name<br>MELDISCO - BUR 7303 DADELAND MALL, FL., INC.  |                     |  |   |   |  |
| Principal Place of Business<br>ONE CROSFIELD AVENUE<br>WEST NYACK, NY 10994   |                     |  | Mailing Address<br>ONE CROSFIELD AVENUE<br>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   | 04272005 REIN-P CR2E098 (6/04) <b>04-05</b>   |  |
| 4. FEI Number<br>42-1558757   |                     |  |   | <input type="checkbox"/> Applied For<br><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   |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301  |                     |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                     |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$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   | SVP                 | <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   | SVP                 | <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   | SVP                 | <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |  |
| NAME  | RAVENER, ROBERT     |  | 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  |                     |  | 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:   |                     |  | TIMOTHY GARAHAN   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                     |  | VICE PRESIDENT  |   |  |
|   |                     |  | MAY - 4 2005  |   |  |