

750.00

363054ANR04

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000106613	
1. Entity Name MELDISCO - MCE 4298 MILLENIA BLVD., FL., INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 21 AM 9:14

Principal Place of Business ONE CROSFIELD AVENUE WEST NYACK, NY 10994	Mailing Address ONE CROSFIELD AVENUE WEST NYACK, NY 10994
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REINSTATEMENT 04-05



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11182004 REIN-P CR2E098 (6/04)

4. FEI Number 05-0534335		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	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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.

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)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHEPARD, JEFFREY A 933 MACARTHUR BLVD MAHWAH, NJ 07430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500056505805 06/24/05--01027--007 **\$900.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP HILLS, MICHAEL 933 MACARTHUR BLVD MAHWAH, NJ 07430 <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	T GUINNESSEY, KATHLEEN M 1 CROSFIELD AVE MAHWAH, NJ 07430 <input checked="" type="checkbox"/> Delete	TREASURER NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VINCENT ZANNA 1 CROSFIELD AVE, WEST NYACK, NY 10994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RICHARDS, MAUREEN 1 CROSFIELD AVE MAHWAH, NJ 07430 <input type="checkbox"/> Delete	VICE PRESIDENT NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Timothy Garahan 67 MILLBROOK STREET, WORCESTER MASS 01608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BAURNEEN, THOMAS E 1 CROSFIELD AVE MAHWAH, NJ 07430 <input checked="" 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	AS SCHUBACK, MARC G 1 CROSFIELD AVE MAHWAH, NJ 07430 <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)(l), 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

TIMOTHY GARAHAN
VICE PRESIDENT

APR 25 2005

Date

Daytime Phone #