
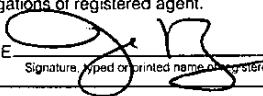
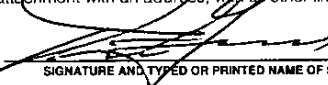


2005 FOR PROFIT CORPORATION REINSTATEMENT

900.00

363067ANR05

DOCUMENT # P02000106631 1. Entity Name MELDISCO - BUR 9129 WEST ATLANTIC BLVD., FL., INC.					
Principal Place of Business ONE CROSFIELD AVENUE WEST NYACK, NY 10994 US			Mailing Address ONE CROSFIELD AVENUE WEST NYACK, NY 10994 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 42-1558746	
Zip		Country		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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  SIGNATURE </div> <div style="text-align: center;"> Jeanine Reynolds as its agent </div> <div style="text-align: center;"> 6-13-05 DATE </div> </div> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p>					
FILE NOW!!! FEE IS \$900.00			REINSTATEMENT 04-05		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPARD, JEFFREY A 933 MACARTHUR BOULEVARD MAHWAH, NJ 07430	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000056509320 06/24/05--01041--002 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDS, MAUREEN 1 CROSFIELD AVENUE WEST NYACK, NY 10994	<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	AS SCHILING, ROBERT K 1 CROSFIELD AVENUE WEST NYACK, NY 10994	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER VINCENT ZANNA 933 MacARTHUR BLVD., MAHWAH, NJ 07430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HILLS, MICHAEL 933 MACARTHUR BOULEVARD 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	VPT GUINNESSEY, KATHLEEN M 1 CROSFIELD AVENUE WEST NYACK, NY 10994	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Timothy Garahan 67 MILLBROOK ST., WORCESTER, MA 01606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PROFFITT, RANDALL S 933 MACARTHUR BOULEVARD 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)(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 VICE PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date MAY - 4 2005 Daytime Phone #		

FILED
05 JUN 20 AM 8:47

TALLAHASSEE, FLORIDA



04272005 REIN-P CR2E098 (6/04)

Applied For
Not Applicable

FL Zip Code

6-13-05

REINSTATEMENT 04-05

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition