
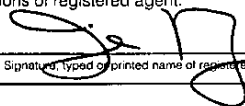
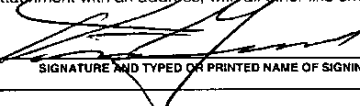


90000

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000106636						FILED 05 JUN 20 AM 9:33 TALLAHASSEE, FLORIDA	
1. Entity Name MELDISCO - BUR 1245 NW 107TH AVE., 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			
Zip		Country		Zip		Country	
4. FEI Number 42-1558752				Applied For 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.							
SIGNATURE 				Jeanine Reynolds as its agent			
FILE NOW!!! FEE IS \$900.00				REINSTATEMENT 04-05			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHEPARD, JEFFREY A			NAME	800056528238		
STREET ADDRESS	933 MACARTHUR BOULEVARD			STREET ADDRESS	06/27/05--01008--015 **900.00		
CITY-ST-ZIP	MAHWAH, NJ 07430			CITY-ST-ZIP			
TITLE	SV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILS, MICHAEL			NAME			
STREET ADDRESS	933 MACARTHUR BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	MAHWAH, NJ 07430			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GUINNESSSEY, KATHLEEN M			NAME	VINCENT ZANNA		
STREET ADDRESS	1 CROSFIELD AVENUE			STREET ADDRESS	933 MacARTHUR BLVD., - MAHWAH, NJ 07430		
CITY-ST-ZIP	WEST NYACK, NY 10994			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	AS	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BAUMLIN, THOMAS E			NAME	VICE PRESIDENT		
STREET ADDRESS	1 CROSFIELD AVENUE			STREET ADDRESS	Timothy Garahan		
CITY-ST-ZIP	WEST NYACK, NY 10994			CITY-ST-ZIP	67 MILLEROCK ST., WORCESTER, MA 01606		
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			
				Date			
				Daytime Phone #			
				MAY - 4 2005			