

250.00
10-1-04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:20

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000000138

1. Limited Liability Company's Name

Scala Hotel Group LLC

2. Principal Office Address

10826 US 19 N

Suite, Apt. #, etc.

City & State

Port Richey, FL

Zip

34668

Country

USA

3. Mailing Office Address

10826 US 19 N

Suite, Apt. #, etc.

City & State

Port Richey, FL

Zip

34668

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3695-457

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Alex Scala

Street Address (P.O. Box Number is Not Acceptable)

8924 Planters Lane

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34654

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Santo Scala	8924 Planters Lane	New Port Richey 34654
MGRM	Coradina Scala	8924 Planters Lane	New Port Richey 34654

REINSTATEMENT

800075989458

06/05/05 01005 010 **250.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Date

3/29/06

Daytime Phone #

727 869-9999

Typed or printed name of signing Managing Member/Manager

Santo Scala