

L01000000138

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 AUG -7 AM 10:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000138

1. Limited Liability Company's Name

Scala Hotel Group, LLC

2. Principal Office Address

10826 U.S. 19 North

3. Mailing Office Address

10826 U.S. 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Richey, FL

City & State

Port Richey, FL

Zip

34668

Country

USA

Zip

34668

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/3/01

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

Emil G. Pratesi

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

1253 Park Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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

[Signature]

Date 7/18/03

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, FL 34654
MGRM	Coradina Scala	8924 Planters Lane	New Port Richey, FL 34654

REINSTATEMENT 2002-03

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

[Signature]

Date 6-16-03

Daytime Phone# 727 844-7693

Typed or printed name of signing Managing Member/Manager

Santo Scala