

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 25 PM 1:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000025592

Name and Mailing Address

0013887 01 AT 0.292 **AUTO T1 0 0615 33904-961812



LA SCALA COLONY, LLC
1612 CAPE CORAL PARKWAY E STE. A
CAPE CORAL FL 33904-9618

MJH



2. New Mailing Address

City, State, Zip

Principal Place of Business

1612 CAPE CORAL PARKWAY E STE. A
CAPE CORAL FL 33904

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

09/30/2002

6. FEI Number

04-3714554

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

FLORIDA FILING & SEARCH SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

Marie B. Code

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

1612 E. Cape Coral Parkway
City Cape Coral FL Zip Code 33904

10. 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

Marie B. Code
REGISTERED AGENT MUST SIGN

Date 10/21/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
-	RAW, INC. (MGRM)	4818 Coronado Parkway	Cape Coral, FL 33904

REINSTATEMENT 2003

12. I certify that I am managing member, manager, 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

Marie B. Code
SIGNATURE REQUIRED

Date 10/21/03

Daytime Phone # 239.542.0643

Typed or printed name of signing Managing Member/Manager