

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 16 AM 11:32

DOCUMENT # P62 000 109664

1. Corporation Name

SCALA INTERNATIONAL INVESTMENT CORP

2. Principal Office Address

19901 E. Country Club Dr.

Suite, Apt. #, etc.

Apt. 2408

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

20225 NE 34 COURT

Suite, Apt. #, etc.

Apt. 2716

City & State

Aventura, FL

Zip

33180

Country

USA

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2002

5. FEI Number

223880242

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mauricio Chaparro

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

20225 ne 34 ct.

400066382884

Suite, Apt. #, Etc.

2716

02/22/06-01026-007 **1068.75

City

Aventura

State

FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

02/13/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Hernan Chaparro Plazas	19901 E. Country Club Dr #408 Aventura, FL 33180	Aventura, FL 33180
VP	Juan Pablo Chaparro	19901 E. Country Club Dr #408	Aventura, FL 33180
S	Natalia Chaparro	19901 E. Country Club Dr #408	Aventura, FL 33180
T	Jaime Galan	19901 E. Country Club Dr #408	Aventura, FL 33180

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/06

Date

786 4884685

Daytime Phone #