

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000018997

Entity Name: SCOLASTICO, INC.

FILED  
Mar 15, 2005  
Secretary of State

**Current Principal Place of Business:**

144 BEAR FOOT TRAIL  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

144 BEAR FOOT TRAIL  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 20-2494707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

NICOLE ZALOTRAWALA P  
144 BEAR FOOT TRAIL  
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: NICLOE ZALOTRAWALA

03/15/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ZALOTRAWALA, NICOLE  
Address: 144 BEAR FOOT TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D (X) Delete  
Name: ZALOTRAWALA, SIRAG  
Address: 144 BEAR FOOT TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE ZALOTRAWALA

P

03/15/2005

Electronic Signature of Signing Officer or Director

Date