

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -8 AM 11:19

MAIL
FLORIDA

DOCUMENT # P16930

1. Corporation Name

Scalamandre Silks, Inc.

W09-28190

2. Principal Office Address

300 Trade Zone Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ronkonkoma, NY

City & State

Zip

11779

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

incorporated in
1997

5. FEI Number

11-1731835

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

TRESSIE JORDAN

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

1855 Griffin Rd Ste # A150

Suite, Apt. #, Etc.

Suite A150

City

Dania Beach

State

FL

Zip Code

33004

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

Tressie Jordan

REGISTERED AGENT MUST SIGN

Date 06/29/07

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 |
|--------------------------|--------------------------------------|---------------------------------------------------|-----------------------------|
| <u>Co President</u> | <u>MARK Bitter</u> | <u>300 Trade Zone Dr.</u> | <u>Ronkonkoma, NY 11779</u> |
| <u>Co. President</u> | <u>Robert Bitter</u> | <u>300 Trade Zone Dr.</u> | <u>Ronkonkoma, NY 11779</u> |
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06/17/07-01017-022 **2258.75

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

Date

6/23/07 631-467-8800

Daytime Phone #