

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1997 APR 11 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



APPLICATION  
FOR *ale-97*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000093144**

1. Corporation Name

**SCALA FAMILY, INC.**

Principal Place of Business

5405 SW 28TH AVE  
OCALA FL 34474

Mailing Address

5405 SW 28TH AVE  
OCALA FL 34474

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/1995

5. FEI Number

59-3427412

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	SCALA, FABRIZIO	5405 SW 28TH AVE	OCALA FL 34474
D	SCALA, LIZABETH T	5405 SW 28TH AVE	OCALA FL 34474
			500002142595--9 -04/14/97--01153--006 ****915.00 ****915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

COOPER, MICHAEL J  
321 NW ERD AVE  
OCALA FL 34475

9. Name and Address of New Registered Agent

Name

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

301 NW THIRD AVENUE

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(f), 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

3-17-97 (352) 854-8902  
Date Daytime Phone #