

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
VOID
09 APR - 6 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The application with officer/director signature and proof of payment never received. Reinstatement removed and info as of last filing restored.
SPT 8-21-09

REINSTATEMENT 04-09

100159743471
CR2E081 (12/07)

DOCUMENT # PA5000093144

1. Corporation Name

Scala Family, Inc.

W09-14996

2. Principal Office Address - No P.O. Box #

5405 SW 28th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

107 NE 1st Ave

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34474

Country

USA

City & State

Ocala FL

Zip

34470

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-6-1995

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. Name and Address of Current Registered Agent

Name

James P. McCune

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

38 Grant St.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 4/3/09

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
D	Fabrizio Scala	5405 SW 28 th Ave	Ocala, FL 34474
D	Lizabeth Scala	5405 SW 28 th Ave	Ocala, FL 34474
		<u>7/4/7</u>	

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

Daytime Phone #

McCune *Rich*, P.A.
ATTORNEYS AT LAW

April 3, 2009

Division of Corporations
Attn: Sean Toner
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Reinstatement of Corporation for Scala Family, Inc. Document # P92000093144

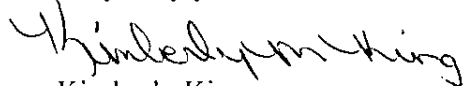
Dear Sean:

Pursuant to our conversation on the above referenced date, enclosed please find the application with the original signature from the registered agent for the reinstatement of said corporation. The original application signed by the director should be on it's way back to you and as you advised that both applications could be combined to expedite this reinstatement as we are trying to close a real estate transaction regarding this corporation and would be most appreciative if this was processed right away.

If you should have any questions or concerns regarding this matter, please do not hesitate to contact me at your earliest convenience.

Thank you for your cooperation in this matter.

Very truly yours,



Kimberly King
Paralegal

Encl.