

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 JAN 28 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

*70000052703*  
*Scales & Tails International, Inc.*

2. Principal Office Address

*115 Myrtle Lane*

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

*DAYTONA BEACH FL*

City & State

Zip

*32114*

Country

*U.S.*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*6/20/1996*

5. FEI Number

*59-3394691*

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

*Robert Gentil*

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

*115 Myrtle Lane*

Suite, Apt. #, Etc.

City

*DAYTONA BEACH*

State

*FL*

Zip Code

*32114*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *1/25/2002*

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
Pres	Robert Gentil	115 Myrtle Lane	DAYTONA BEACH FL 32114

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 under section 119.07(3)(i), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Gentil*

Date

*1/25/02*

Daytime Phone #

*386 239-0600*

CR2081 (9/01)

2d2

# SCALES N TAILS INTL, INC

115 Myrtle Lane Daytona Beach Florida 32114  
386-239-0600 Fax: 775-514-9013

January 25, 2002

RE:Reinstatement of .Corporation.

Dear Florida Department of State,

I am requesting to get my Corporation reinstated, I never received the rejection form that was sent to me.

I always correspond with all documents sent to me on a timely manner, I just never received the notice that was sent, I ask if you could please waive the reinstatement fee due to never receiving any documents to do so, I have enclosed my check for this years Filing fee.

Yours truly,



Robert Gentil, President