

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



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

DOCUMENT # P97000037393

1. Corporation Name

Scaldi Corporation

2. Principal Office Address

601 E. EIKlam Circle

Suite, Apt. #, etc.

A-1-a

City & State

Marco Island, FL

Zip

34145

Country

USA

3. Mailing Office Address

601 E. EIKlam Circle

Suite, Apt. #, etc.

A-1-a

City & State

Marco Island, FL

Zip

34145

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/97

5. FEI Number

65-0750082

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

John J. Charde CPA

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

601 E. EIKlam Circle

Suite, Apt. #, Etc.

A-1-a

City

Marco Island

State

FL

Zip Code

34145

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 12/7/01

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, S, T	Robert A. Shimek III	363 Columbus Way	Marco Island, FL 34145

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:

Robert Schimek II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-7-01

Daytime Phone #

941-394-2317

2001 UBR TA

CR2E081 (9/00)

2052

SCALDI CORPORATION  
601 E. ELKCAM CIRCLE  
SUITE A-1-A  
MARCO ISLAND, FL 34145

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Doc #P97000037393 Scaldi Corporation

Dear Sir or Madam:

Enclosed please find a Corporate Reinstatement form for Scaldi Corporation and a check for the normal annual fee of \$150.00. It is my understanding that I may reinstate with the normal fee rather than the reinstatement fee because I never received the 2001 Uniform Business Report or any dissolution notices. In March of 2000 address and registered agent changes were submitted to the Division of Corporations. There were errors in transcribing the changes which likely account for the current year forms not reaching me. The reinstatement form reflects the changes made in March 2000. Please adjust your records accordingly. Thank you for your attention to this matter.

Sincerely,

Robert A. Shimék  
Pres.



RAS  
encl