

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

102

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

3. Mailing Office Address

601 E. EIKlam Circle

Suite, Apt. #, etc.

A-1-a

Suite, Apt. #, etc.

A-1-a

City & State

Marco Island, FL

City & State

Marco Island, FL

Zip

34145

Country

USA

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

2001 UBR TA

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

100004883291

002

Suite, Apt. #, Etc.

A-1-a

****150.00

****150.00

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

[Signature]

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
Dir, VP, 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]*

12-7-01

941-394-2317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

202

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