

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743344

1. Corporation Name

Varvikko II, Inc.

000162766020
11/12/09--01037--027 **2082.50

REINST CR2E081 (11/09) 79-09

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

7020 Half Moon Circle

Suite, Apt. #, etc.

Unit 404

City & State

Lake Worth, FL.

Zip

33462

Country

USA

3. Mailing Office Address

7020 Half Moon Circle

Suite, Apt. #, etc.

Unit 404

City & State

Lake Worth, FL.

Zip

33462

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/05/1979

5. FEI Number

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

Law Office of Jeffrey L. Peters, P.L.

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

1655 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc.

Ste. 900

City

West Palm Beach

State

FL

Zip Code

33401

☐ 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

Jeffrey L. Peters, Esq.
REGISTERED AGENT MUST SIGN

Date 11-10-09

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
PT	Larry Balgro	7020 Half Moon Circle, Unit 404	Lake Worth, FL. 33462
V	Gary Werle	6962 Paul Mar Drive	Lake Worth, FL 33462
S	Karl Konior	7020 Half Moon Circle, Unit 404	Lake Worth, FL. 33462

10. E-mail Address: jpeters@florida-counsel.com

(To be used for future annual report notification)

11. 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. I further certify, 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

Gary Werle

Gary Werle, Vice President

Date

Daytime Phone #

(733)

206-0889