

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JUL 28 PM 1:57

CR2E081 (12/05)

06

DOCUMENT # F04000006911

1. Corporation Name

VARDE METALS, INC

2. Principal Office Address

45 NEWELL ST.

Suite, Apt. #, etc.

3. Mailing Office Address

45 NEWELL ST.

Suite, Apt. #, etc.

City & State

SOUTHINGTON CT

Zip

06489

Country

HARTFORD

City & State

SOUTHINGTON CT

Zip

06489

Country

HARTFORD

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

06-0970894

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 WESTEYN

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

10805 SW 38TH DRIVE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

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

7/27/06

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	CRAIG F. VARDE	489 SOUTH ST. #95	BRISTOL CT 06010
DIR SEC	BRUCE VARDE	15 KORY LANE	BRISTOL CT 06010
PRES	TRACY VARDE SMITH	1755 WOLCOTT RD	WOLCOTT CT 06716
CFO	JACK NICKLIS	9 BITTERSWEET LANE	BURLINGTON CT 06013
000078281300 08/02/06--01061--015 **558.75			

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

JACK NICKLIS, CFO 7/27/06 860-406-6332

Date

Daytime Phone #