

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H83392**

1. Corporation Name

**VARIMETRIX CORPORATION**

Principal Place of Business

Mailing Address

2350 COMMERCE PARK DR NE #4  
PALM BAY FL 32905

2350 COMMERCE PARK DR NE #4  
PALM BAY FL 32905

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/1985

5. FEI Number

59-2629459

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDS	VORWALLER, MARK L.	2350 COMMERCE PK. DR., NE #4	PALM BAY FL 32905
VD	BYRNES, ROBERT J.	2350 COMMERCE PK. DR., NE #4	PALM BAY FL 32905
D	YAMAGUCHI, HISAKASU	2350 COMMERCE PK DR NE 4	PALM BAY FL 32905
D	MAEDA, ISAO	2350 COMMERCE PK DR NE 4	PALM BAY FL 32905
D	LEE, KIWON	2350 COMMERCE PK DR #4	PALM BAY FL 32905
V	FISCHER, ROBERT N	2350 COMMERCE PK DR #4	PALM BAY FL 32905

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VORWALLER, MARK L.  
2350 COMMERCE PARK DR., #4  
PALM BAY FL 32905

Name

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

Suite, Apt. #, Etc.

City

800024081618  
10/24/03--01023--015 \*\*150.00

State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Mark L. Vorwaller*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/17/03

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 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:

*Mark L. Vorwaller*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/03 (321) 676-3222

CR2E040 (7/03)



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October 20, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Enclosed please find the Application for Reinstatement for Varimetrix Corporation, along with our check for \$150.

Varimetrix Corporation did not receive the annual report or prior notice. Accordingly, we submitted payment of \$150 as required on the answering machine for the Department of State.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Helm", written over a horizontal line.

Stanley H. Helm  
Director of Finance & Administration