

2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # L42911

1. Entity Name
VARISCO FAMILY CHIROPRACTIC CENTER, INC.



05 AUG -8 PM 1:02

Principal Place of Business
**4418 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33351 US**

Mailing Address
**4418 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33351 US**

2. Principal Place of Business
**7000 W. Oakland Park Blvd.
Suite, Apt. #, etc. Suite 202**

3. Mailing Address
**7000 W. Oakland Park Blvd.
Suite, Apt. #, etc. Suite 202**

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33313

Country
us

Zip
33313

Country
us

REINSTATEMENT

08/02/2005 REIN-P CR2E098-6004 04-05

6. Name and Address of Current Registered Agent
**FERRANTE, JOSEPH G.
8333 N. W. 14TH COURT
#134
CORAL SPRINGS, FL 33071**

4. FEI Number
65-0131617

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name **Mark Hajec**
Street Address (P.O. Box Number is Not Acceptable)
429 E. Sheridan Street
City **Dania Beach** FL Zip **33004**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mark Hajec** **Mark Hajec**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VARISCO, LINDA D. 8333 NW 14TH COURT CORAL SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Varisco, Linda D. 7000 W. Oakland Park Blvd. Suite 202 Sunrise, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRANTE, JOSEPH G. 8333 NW 14TH COURT CORAL SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ferrante, Joseph G. 7000 W. Oakland Park Blvd. Suite 202 Sunrise, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mark Hajec - Mark Hajec - RA** **8-1-05** **954-921-1041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

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Florida Department of State Division of Corporations

Did not receive the annual report for 2004 and 2005. The address was incorrect. The new address has now been updated on the enclosed reinstatement reports.

Varisco Family Chiropractic Center, Inc.
7000 W. Oakland Park Blvd. Suite 202
Sunrise, FL 33313