

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000116740

1. Corporation Name

VARIETY SERVICES, INC.

Principal Place of Business

PO BOX 145105
CORAL GABLES FL 33114

Mailing Address

PO BOX 145105
CORAL GABLES FL 33114

FILED

03 NOV 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

26-0010001

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Officer and/or Director	City / State / Zip
DP	LOPEZ, JOSE R	14419 SW 179 LN 1215 S.W. 78 TH CT.	MIAMI FL 33177 MIAMI, FL. 33144
DV	LOPEZ, WALKIRIA C. LOPEZ WALKIRIA C.	14419 SW 179 LN 1215 S.W. 78 TH CT.	MIAMI FL 33177 MIAMI, FL. 33144

REINSTATEMENT

03

800024569398

11/10/03--01089--008 ***400.00

8. Name and Address of Current Registered Agent

LOPEZ, JOSE R
14419 SW 179 LN
MIAMI FL 33177

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-01-03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Walkiria Lopez
Jose R. Lopez

walkiria Lopez

Date

Daytime Phone #

11-01-03

VARIETY SERVICES, INC

October 16- 2003

Dear, Florida Dept. of State

I have sent you a letter
before regarding the late fee
if you could waive it, However
I did not get any response from you.

Today I Received a notice of
resolution wich it seems to me very
unfair. I want to add that I never
received the reject letter dated July 18th
2003.

Anyway I'm sending the \$400.00
late fee to reinstate my cooperation.
if you could still waive this \$400.00
I'll be very appreciated

Sincerely
Raul Lopez, President.

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