

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN -4 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000017357**

1. Corporation Name

**VARSAMO, INC.**

Principal Place of Business

2665 EAST COMMERCIAL BLVD.  
FORT LAUDERDALE FL 33308

Mailing Address

2665 EAST COMMERCIAL BLVD.  
FORT LAUDERDALE FL 33308



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

02/23/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0044786

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOFFMAN, DIANNA	2665 EAST COMMERCIAL BLVD.	FORT LAUDERDALE FL 33308
			9000003103479-7 -01/19/00--01100--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

MOSKOWITZ, MICHAEL W ESQ.  
800 CORPORATE DRIVE STE 510  
FORT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name **DIANNA HOFFMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**2665 East Commercial Blvd**  
Suite, Apt. #, Etc.  
City **Ft. Laud.** State **FL** Zip Code **33308**

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **11-30-99**

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 REQUIRED**  
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11-30-99**

Daytime Phone #

**KE**

CR2E040 (8/99)

2

**VARSAMO, INC**  
**2665 EAST COMMERCIAL BLVD.**  
**FT. LAUDERDALE, FLORIDA 33308-4110**  
**PHONE 954-772-3323**

November 30, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

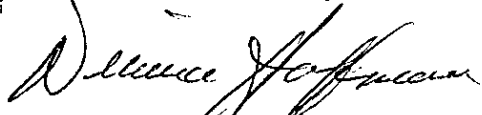
ATT: Katherine Harris  
Secretary of State

Dear Ms. Harris

In RE to my 1999 annual report reinstatement (My Doc #P96000017357).

Please be advised that I never received a 1<sup>st</sup> or 2<sup>nd</sup> notice to register, I own a very busy hair salon and it is possible that one of the workers threw away the papers but I never seen a request from your office until I received this RE Instatement notice.

Please find enclosed a check for \$ 150.00 for the 1999 registration and please abate any penalties that you may impose.



Sincerely Yours,

Dianna Mathieson Hoffman  
Corp. President for Varsamo, Inc.