

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P97000079393**

1. Corporation Name

VARIAN RESTAURANT CORPORATION

Principal Place of Business

3665 WINKLER AVENUE
APT 1321
FT MYERS FL 33916

Mailing Address

25 HOMESTEAD RD N
STE 11
LEHIGH ACRES FL 33936
US

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.
33 patio de leon
City & State
Fort Myers, FL
Zip
33901 Country
USA

Suite, Apt. #, etc.
33 patio de leon
City & State
Fort Myers, FL
Zip
33901 Country
USA

FILED
00 OCT 20 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida
09/12/1997

5. FEI Number
65-0910416

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 Each Officer and/or Director	4 City / State / Zip
P	ERNST, STEFAN K	3665 WINKLER AVENUE, APT 1321 33 patio de leon	FT MYERS FL 33916 Fort Myers, FL 33901
	CHURCH, WILLIAM Delete	710 WILSON LANE, RD	LEHIGH ACRES FL 33936

100003457641--2
-11/08/00--01076--031
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

MORGAN, JOHN M
302 LEE BOULEVARD
SUITE 102
LEHIGH ACRES FL 33936

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City 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.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **10-13-00**
REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-00

Date Daytime Phone #

KE