

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Key to the Sunshine
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -4 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028448

1. Corporation Name

VARMAXIDIS INTERNATIONAL, INC.

Principal Place of Business

726 SOUTHWEST 7TH AVENUE
HALLANDALE FL 33009

Mailing Address

726 SOUTHWEST 7TH AVENUE
HALLANDALE FL 33009

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1998

5. FEI Number

650823475

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	VARMAXIDIS, ANGELOS A	726 SOUTHWEST 7TH AVENUE	HALLANDALE FL 33009

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
Angelos A. Varmaxidis
Street Address (P.O. Box Number is Not Acceptable)
726 SW 7th Ave
Suite, Apt. #, Etc.

City
Hallandale

State
FL

Zip Code
33004

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]
REGISTERED AGENT MUST SIGN

Date 10/27/99

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

10/27/99 (305) 588-8101
Date Daytime Phone #

2

Varmaxidis International, Inc.

726 S.W. 7th Ave.
Hallandale, FL 33009
(305) 588-8101

October 26, 1999

Florida Department of State
Division of Corporations

To Whom It May Concern:


I am writing to you after receiving an application for reinstatement for Varmaxidis International, Inc. After a phone call to your office and researching a procedure that I was not aware of, and my lawyers office did not advise me, I have included a check for \$150.00 for my Annual Report fee. I am requesting your consideration in this matter, due to the Post Office returning the original letter back to your office (which I was unaware of until Leslie from your office advised me) I did not file in a timely manner. I was never advised that an "active" status for the corporation was part of a filing procedure. I am removing my Registered Agent and assigning myself Angelos A. Varmaxidis for this responsibility.

I am not trying to excuse myself, only stating the truth to what has happened. I also want to commend Leslie from your office who was very helpful and informative.

This will not happen again, I will have my Annual Report filed on time every year.

Thank you very much for your consideration in this matter.

Sincerely,


Angelos A. Varmaxidis
Owner