

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 AM 10:46

DOCUMENT # P98000028448

1. Corporation Name

VARMAXIDIS INTERNATIONAL, INC.

2. Principal Office Address

800 NW 8th Street

Suite, Apt. #, etc.

City & State

Dania Beach, Florida

Zip

33004

Country

USA

3. Mailing Office Address

800 NW 8th Street

Suite, Apt. #, etc.

City & State

Dania Beach, Florida

Zip

33004

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/27/1998

5. FEI Number

650823475

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Angelos A. Varmaxidis

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

800 NW 8th Street

Suite, Apt. #, Etc.

City

Dania Beach

State

FL

Zip Code

33004

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/27/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Officer	Angelos A. Varmaxidis	800 NW 8th St.	Dania Bch, FL 33004

10. 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)(f), 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

Date

9/27/01 (305) 658-8207

Daytime Phone #

203

**VARMAXIDIS INTERNATIONAL, INC.**

800 NW 8<sup>TH</sup> Street  
Dania Beach, Florida 33004  
(954) 658-8207


September 27, 2001

Florida Department of State  
Division of Corporation

**To Whom It May Concern:**

I am enclosing a check for \$300.00 to reinstate Varmaxidis International, Inc. for last year 2000 and this year 2001. I found out today by trying to register for a fictitious name that my corporation had been dissolved, which I was unaware. I had my bookkeeper research any mail or checks to you and found that we had written a letter for our change of address and that does not show in your computer. I do pay different statements and I was unaware that this was not paid; you also have return postage in your computer to prove the statements have not been delivered to me. I am a small business owner and have very good credit and keep up with my monthly statements, so I would really appreciate your consideration and reinstatement of my business. Also, please make sure that you have my correct address on file so I can receive all forms from your division and my accountant can pay them in a timely manner.

Thank you for your consideration and help in this matter.

  
Angelos A. Varmaxidis  
Owner