

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 21 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028448

1. Corporation Name

VARMAXIDIS INTERNATIONAL, INC.

2. Principal Office Address

800 NW 8th Street

Suite, Apt. #, etc.

3. Mailing Office Address

800 NW 8th Street

Suite, Apt. #, etc.

City & State

Dania Beach, FL

City & State

Dania Beach, FL

Zip

33004

Country

USA

Zip

33004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/98

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

600005666166--7

-06/03/02--01091--037

****150.00 **** 50.00

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 5/19/02

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
Owner	Angelos A. Varmaxidis	800 NW 8th Street	Dania Beach, 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)(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

05/19/02 (954) 658-8207

Date

Daytime Phone #

CR2E081 (9/00)