

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

04 MAR 30 PM 12:57

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P99000108298**

**1. Corporation Name**

Vara International, Inc

**2. Principal Office Address**

2100 Ponce De Leon Blvd

Suite, Apt. #, etc.

1045

City & State

Coral Gables

Zip

33134

Country

Miami-dade

**3. Mailing Office Address**

2100 Ponce De Leon Blvd

Suite, Apt. #, etc.

1045

City & State

Coral Gables

Zip

33134

Country

Miami-dade

**REINSTATEMENT** 00-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

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

Oliver Viera

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

2100 Ponce De Leon Blvd

Suite, Apt. #, Etc.

1045

City

Coral Gables

State

FL

Zip Code

33134

300031371293

03/20/04--01021--014 \*\*1390.00

**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 03/25/04

**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
CEO	Oliver Viera	2100 Ponce De Leon Blvd Suite 1045	Coral Gables, FL 33134
P	Eric F. Vasquez Eusebio	2100 Ponce De Leon Blvd Suite 1045	Coral Gables, FL 33134
VP	Jacinto Vasquez	2100 Ponce De Leon Blvd Suite 1045	Coral Gables, FL 33134
S	Virtudes Viera	2100 Ponce De Leon Blvd Suite 1045	Coral Gables, FL 33134

**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

Date

03/25/04 (305) 648-3155

Daytime Phone #

CR2E081 (01/04)