

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 672855

1. Corporation Name

IAN-CONRAD BERGAN, INC.

Principal Place of Business

3409 GULF BREEZE PKWY
GULF BREEZE FL 32561-4462

Mailing Address

3409 GULF BREEZE PKWY
GULF BREEZE FL 32561-4462

FILED

98 DEC 11 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98
ad

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

06/09/1980

5. FEI Number

59-2020151

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	BERGAN, IAN-CONRAD	953 AQUA MARINE DR	GULF BREEZE FL
V	BERGAN, CHRISTIAN	974 GRAND CANAL ST.	GULF BREEZE FL
V	BERGAN, KRUT R.	974 GRAND CANAL ST.	GULF BREEZE FL
S	BERGAN, BERIT	953 AQUA MARINE DRIVE	GULF BREEZE FL
			200002715532--2 -12/18/98-01024--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BERGAN, IAN-CONRAD
953 AQUA MARINE DRIVE
GULF BREEZE FL 33561

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

BE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/24-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]
BE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/8-98 932-9386

CR2E040 (9/98)