

TEAR HERE

TEAR HERE

APPLICATION FOR REINSTATEMENT  
 JOHN SMITH  
 SECRETARY OF STATE  
 DEPARTMENT OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED  
 AND  
 FILED

1082

99 FEB 12 AM 9:45

Read Instructions on Other Side Before Making Entries

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P95000047276 (7)**  
**National Internet Provider, Inc.**  
**c/o A. C. Bergman**  
**7451 W. Oakland Park Blvd.**  
**Lauderhill, Fl 33319**

2. If Address in Block 1 is incorporated in any way, please indicate correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City and State \_\_\_\_\_  
 Zip Code \_\_\_\_\_

SECRETARY OF STATE

3. Date Incorporated or Qualified To Do Business in Florida **6/14/95**

4. FEI Number **65-0590557**

FEI Number Applied For  
 FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
President	Ami Bergman	7451 W. Oakland Park Blvd	Lauderhill, Fl

100002778301--7  
 -02717/99--01066--015  
 \*\*\*\*465.00 \*\*\*\*465.00

This corporation has liability for intangible tax under section 199.032, Florida Statutes.  Yes  No  
 For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

**Ami Bergman**  
**7451 W. Oakland Park Blvd.**  
**Lauderhill, Fl 33319**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (Do NOT Use P.O. Box Number) \_\_\_\_\_  
 Street Address (Do NOT Use P.O. Box Number) \_\_\_\_\_  
 City and State \_\_\_\_\_  
 Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

FL  
 JB  
 2-15-99  
 Date

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director Ami Bergman Date 2/9/99 Phone # 954 742-5905

Typed or printed name of signing officer or director Ami Bergman

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee  
 required for a  
 Certificate of Status

7002

Dear Sir:

Please reinstate as per  
our conversation

Renewals were never  
received & they were  
returned to the State

Thank you.  
Acbergman



**VASOTEC**

(ENALAPRIL MALEATE)

Please read accompanying Prescribing Information.

L2936-1296