

TEAR HERE

APPLICATION FOR  
REINSTATEMENT  
FOR

97-9BAR

FLORIDA DEPARTMENT OF STATE  
John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

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 incorrect 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

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  
-02/17/99--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

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

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

DO NOT WRITE IN THIS SPACE

APPROVED  
AND  
FILED

99 FEB 12 AM 9:45

SECRETARY OF STATE

TEAR HERE

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