

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

00 MAY 10 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103356

1. Corporation Name

NET AUTHORITY, INC.

Principal Place of Business Mailing Address
2912 DOUGLAS ROAD PO BOX 749
CORAL GABLES FL 33134 CLARKSTON MI 48347

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12-11-1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0886541

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	MARTIN D. STERN	2912 DOUGLAS ROAD	CORAL GABLES FL 33134
Treas	BRUCE I. YEGELWEL	2912 DOUGLAS ROAD	CORAL GABLES FL 33134
Secret	BEVERLY RAPP	7835 FOSTER ROAD	CLARKSTON MI 48347

000003273310-1
-06/01/00-01049-008
****900000 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, Etc.	City	State	Zip Code
MARTIN D. STERN	2912 DOUGLAS ROAD			FL	
2912 DOUGLAS ROAD					
CORAL GABLES FL 33134					

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

Martin D. Stern
REGISTERED AGENT MUST SIGN

Date

4-20-00

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 name 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: *Beverly Rapp*

BEVERLY RAPP

4-20-00

248 620-3880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #