

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

AND FILED  
96 NOV 12 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084227

1. Corporation Name  
**TAG-ALONG SYSTEMS, INC.**  
Box 7234  
Boca Raton, FL., 33431

Principal Place of Business Mailing Address  
**2165 N.W. 62nd. Dr. Box 7234**  
**Boca Raton, FL., 33496 Boca Raton, FL., 33431**

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 Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**REINSTATEMENT** *9600*

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida **12/9/93**

5. FEI Number **65-0456035** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
Pres.	Stephen Winig	2165 NW 62nd. Dr.	Boca Raton, FL., 33496
Secy/Treas	Carol Winig	2165 NW 62nd Dr.	Boca Raton, FL., 33496

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-11/19/96--01162--024  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>Jules Pearlstine, P.A.</b> 2101 Corporate Blvd. Boca Raton, FL., 33431		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		<b>FL</b>	

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: Jules Pearlstine, P.A. Date: 11/8/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: [Signature] Nov 8 1996 861 885-8460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREATED 1/2/96