

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

98 JUN 30 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000009987**

1. Corporation Name  
**FASTAG, INC.**

Principal Place of Business  
**13325 LAMIRADA CIRCLE  
WELLINGTON FL 33414**

Mailing Address  
**13325 LAMIRADA CIRCLE  
WELLINGTON FL 33414**



**REINSTATEMENT 97-98**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/06/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0600661	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LANDRUM, ROBERT J	13325 LAMIRADA CIRCLE	WELLINGTON FL 33414

~~209002588592-0~~  
-07/14/98--01072--008  
\*\*\*\*900.00 \*\*\*\*900.00

WB  
72-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LANDRUM, ROBERT 13325 LAMIRADA CIRCLE WELLINGTON FL 33414		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State <b>FL</b>	
		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]* Date: **6/25/98**

REGISTERED AGENT MUST SIGN

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)(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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **6/25/98** Daytime Phone #: **561-798-2650**

CFR040 (05/7)