

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAY 15 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000009987**

1. Corporation Name **FASTAG, Inc.**

2. Principal Office Address

407 Commerce Way

Suite, Apt. #, etc.

16A

City & State

Jupiter, Fl.

Zip Country

33458 USA

3. Mailing Office Address

407 Commerce Way

Suite, Apt. #, etc.

16A

City & State

Jupiter, Fl.

Zip Country

33458 USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

2/6/95

5. FEI Number

65-0600661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John McGuinness

Street Address (P.O. Box Number is Not Acceptable)

5245 Center St.

Suite, Apt. #, Etc.

100004425851-4

-06/18/01-01158-012-

*****900.00 ***900.00**

City

Jupiter

State

FL

Zip Code

33458

LS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

John McGuinness

REGISTERED AGENT MUST SIGN

Date

May 21, 2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	McGuinness, John	5245 Center St.	Jupiter, Fl. 33458
TSD	McGuinness, James	2327 Camino Rancho Siringo	Santa Fe, NM 87505
VA	Landrum, Robert	819 Cindy Circle Lane	Wellington, Fl. 33414
D	Kane, Donald	18040 Crown Quay Lane	Jupiter, Fl. 33458
D	Fall, Eugene	3840 NE 31st Avenue	Lighthouse Point, Fl. 33064

10. 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:

John McGuinness
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/21/01
Date

Daytime Phone #

561 743 2730
Daytime Phone #

CR2E081 (9/00)