


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F96000005306 1. Entity Name TAPROGGE AMERICA CORPORATION	
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FILED
05 OCT 18 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 100 CROSSWAYS PARK WEST WOODBURY, NY 11797	Mailing Address 100 CROSSWAYS PARK WEST WOODBURY, NY 11797
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2. Principal Place of Business 150-J EXECUTIVE DRIVE Suite, Apt. #, etc.	3. Mailing Address 150-J EXECUTIVE DRIVE Suite, Apt. #, etc.
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10112005 REIN-P CR2E098 (6/04)

City & State EDGEWOOD, NY	City & State EDGEWOOD, NY
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4. FEI Number 13-5667528	Applied For Not Applicable
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Zip 11717	Country	Zip 11717	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HRAWG CORP. 2000 GLADES RD., #400 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

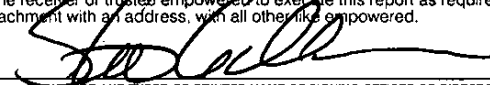
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DC NAME FROEHLING, RUTHARD STREET ADDRESS SCHLEIMAMSTR 2-14, D-58300 CITY-ST-ZIP WETTER GERMANY,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800060726748 10/18/05--01079--002 **150.00
TITLE D NAME TAPROGGE, DETLEF STREET ADDRESS SCHLEIMAMSTR 2-14, D-58300 CITY-ST-ZIP WETTER GERMANY,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PDC NAME GILLEN, STEVEN STREET ADDRESS 100 CROSSWAYS PARK WEST CITY-ST-ZIP WOODBURY, NY 11797	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>for 10/24</i>
TITLE VST NAME STANKOWIAK, GUNTER STREET ADDRESS 100 CROSSWAYS PARK WEST CITY-ST-ZIP WOODBURY, NY 11797	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LIGHT, WOLFGANG STREET ADDRESS SCHLEIMANSTR 2-14, D-58300 CITY-ST-ZIP WETTER GERMANY,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  10/13/05 (631) 964-1400

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