

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2005 NOV -2 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000056606

1. Corporation Name

FASTAG RD INC.

2. Principal Office Address

370 OAK AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

370 OAK AVE.

Suite, Apt. #, etc.

City & State

TEQUESTA FL

Zip

33469

Country

PALM BEACH

City & State

TEQUESTA FL

Zip

33469

Country

PALM BEACH

REINSTATEMENT  
CR2001 (8/05)

04-05

4. Date Incorporated or Qualified  
To Do Business in Florida

10-01-2004

5. FEI Number

81-0617790

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

PAUL MCGUINNESS

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

370 OAK AVE

Suite, Apt. #, Etc.

City

TEQUESTA

State

FL

Zip Code

33469

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

*Paul McGuinness*

Date 10-31-05

REGISTERED AGENT MUST SIGN

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
Pres/Sec	PAUL MCGUINNESS	370 OAK AVE TEQUESTA	TEQUESTA FL 33469
VP/Treas	Jim MCGUINNESS	370 OAK AVE	TEQUESTA FL 33469

500061101885  
11/02/05--01007--022 \*\*900.00

500061101885  
11/02/05--01007--023 \*\*8.75

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

*Paul McGuinness*

PAUL MCGUINNESS / PRES

10-31-05 561-262-5567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2aw