

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

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.

City

Jupiter

State

FL

Zip Code

33458

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 |
| VD | 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
Daytime Phone # **561 743 2730**

CR2E081 (9/00)