

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

05 JUL -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F02000000924**

1. Corporation Name
Isotag Technology, Inc.

2. Principal Office Address
1900 Biscayne Blvd.

Suite, Apt. #, etc.
Suite 304

City & State
North Miami, Florida

Zip
75001

Country

3. Mailing Office Address
4355 Excel Parkway

Suite, Apt. #, etc.
Suite 100

City & State
Addison, Texas

Zip
75001

Country

4. Date Incorporated or Qualified
To Do Business in Florida February 21, 2002

5. FEI Number
911992535

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
CT Corporations System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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

Michael E. Jones

Michael E. Jones
Assistant Secretary

Date **6/28/05**

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
PD	David Moxam	4355 Excel Parkway, Suite 1200	Addison, Texas 75001
C	Lee Barberito	4355 Excel Parkway, Suite 1200	Addison, Texas 75001
D	Craig Johnstone	4355 Excel Parkway, Suite 1200	Addison, Texas 75001
S	Mark L. Weintrub	4355 Excel Parkway, Suite 1200	Addison, Texas 75001
V	Craig Stamm	4355 Excel Parkway, Suite 1200	Addison, Texas 75001
VD	Olaf Halvorssen	4355 Excel Parkway, Suite 1200	Addison, Texas 75001

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)(D), 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:

Mark L. Weintrub

Mark L. Weintrub, Secretary

6/23/05

(214) 210-5931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/05)