APPLICATION FOR REINSTATEMENT

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

F00000005883

DOCUMENT # F00000005883

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

TAG-IT, INC.

Principal Place of Business	Mailing Address
3820 SOUTH HILL STREET LOS ANGELES CA 90037	3820 SOUTH HILL STREET LOS ANGELES CA 90037

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
21900 Burbank Blvd.	21900 Burbank Blvd
Suite, Apt. #, etc.: Suite #270	Suite, Apt. #, etc.: Suite 270
City & State: Woodland Hills, CA	City & State: Woodland Hills, CA
Zip: 91367 Country: US	Zip: 91367 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 10/20/2000

5. FEI Number: 95-4654481 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	DYNE, MARK	~~3820 SOUTH HILL STREET~~ 21900 Burbank Blvd. Suite 270	~~LOS ANGELES CA 90037~~ Woodland Hills CA 91367
~~S~~ P	DYNE, COLIN	~~3820 SOUTH HILL STREET~~ 21900 Burbank Blvd, Suite 270	~~LOS ANGELES CA 90037~~ Woodland Hills. CA 91367
~~S~~ VP	BURSTEIN, JONATHAN	~~3820 SOUTH HILL STREET~~ 21900 Burbank Blvd, Suite 270	~~LOS ANGELES CA 90037~~ Woodland Hills. CA 91367
S	MARKILES, JONATHAN	~~3820 SOUTH HILL STREET~~ 21900 Burbank Blvd, Suite 270	~~LOS ANGELES CA 90037~~ Woodland Hills. CA 91367
CFO	Sallmen. Ronda	21900 Burbank Blvd. Suite 270	Woodland Hills. CA 91367

8. Name and Address of Current Registered Agent

~~CANTOR, JERALD C~~
~~3230 STIRLING ROAD~~
~~HOLLYWOOD FL 33029~~

9. Name and Address of New Registered Agent

Name: Sami Hourani
Street Address (P.O. Box Number is Not Acceptable): 10050 NW 116th Way Suite 4
Suite, Apt. #, Etc.:
City: Miami, State: FL Zip Code: 33178

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

REINSTATEMENT 400004698634--1
-11/29/01--01058--019
****750.00 ****750.00

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10/29/01

REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED 10-16-01 818-444-4100

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