

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

02 NOV 12 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F99 000006429			
1. Corporation Name JAGNOTES.COM INC.			
2. Principal Office Address 6865 S.W. 18 th Street Suite, Apt. #, etc. Suite B13 City & State Boca Raton, FL Zip 33433 Country USA		3. Mailing Office Address 6865 S.W. 18 th Street Suite, Apt. #, etc. Suite B13 City & State Boca Raton, FL Zip 33433 Country USA	

REINSTATEMENT	
4. Date Incorporated or Qualified To Do Business in Florida 12/13/99	
5. FEI Number 88-0380546	Applied For Not Applicable
6. <input checked="" type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CT Corporation 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, VS.

Signature of Registered Agent *Ron L. Davis*
REGISTERED AGENT MUST SIGN

Date 11/11/2002

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
CEO/Pres	Gary Valinoti	6865 S.W. 18 th St, Ste B13	Boca Raton, FL 33433
VD	Thomas J. Mazzarisi	6865 S.W. 18 th St, Ste B13	Boca Raton, FL 33433
VD	Stephen J. Schorff	6865 S.W. 18 th St, Ste B13	Boca Raton, FL 33433

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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:

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/02
Date

561.393.0605
Daytime Phone #

Gary Valinoti

CT CORPORATION

November 12, 2002

Secretary of State, Florida
409 East Gaines Street
N/A
Tallahassee FL 32399

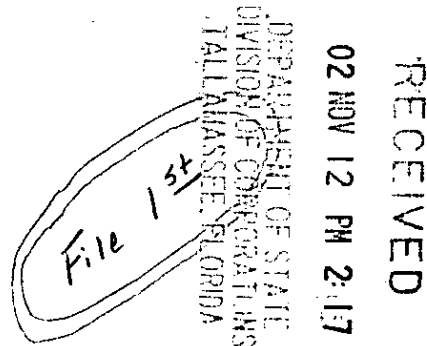
Re: Order #: 5718706 SO
Customer Reference 1: 49703-001
Customer Reference 2: Kenneth Regensburg

Dear Secretary of State, Florida:

Please file the attached:

Jag Media Holdings, Inc., (NV)
<Reinstatement>
Florida

Jag Media Holdings, Inc., (NV)
Certificate of Status/Authorization-Foreign
Florida



Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Connie Bryan

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615