2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K16430

1. Entity Name
THE TAG GROUP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 19 PM 2: 17

REINSTATEMENT 05

Principal Place of Business	Mailing Address
7810 BALLANTYNE COMMONS PARKWAY SUITE 300 CHARLOTTE, NC 28277 US	7810 BALLANTYNE COMMONS PARKWAY SUITE 300 CHARLOTTE, NC 28277 US

10172005 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
6701 Carmel Rd		1701 Carmel Rd	
Suite, Apt. #, etc.: 205		Suite, Apt. #, etc.: 205	
City & State: Charlotte NC		City & State: Charlotte NC	
Zip: 28226	Country:	Zip: 28226	Country:

4. FEI Number: 65-0037085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRAZIER, LINDA C 3600 N FED HWY THIRD FLOOR FORT LAUDERDALE, FL 33308	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Linda C Frazier DATE 10\18\05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRANDON, CECIL		NAME	300060774213
STREET ADDRESS	7810 BALLANTYNE COMMONS PKWY, STE 300		STREET ADDRESS	10/19/05--01051--007 **758.75
CITY-ST-ZIP	CHARLOTTE, NC 28277		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Date: 10/17/05 Daytime Phone #: (704) 837 0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR