

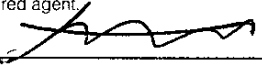
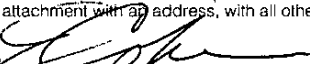


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000086175</b> 1. Entity Name <b>HIGH POINT MERCHANDISING CORP.</b>						<b>FILED</b> <b>05 JUN 29 PM 4:13</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA JUN 29 2005 	
Principal Place of Business <b>3590 NW 54TH ST STE 3 FT LAUDERDALE, FL 33309</b>				Mailing Address <b>3590 NW 54TH ST STE 3 FT LAUDERDALE, FL 33309</b>			
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>22-3863707</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		06242005 REIN-P CR2E098 (6/04)	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
<b>MILOWSKY, LARRY</b> <b>3590 NW 54TH ST STE 3</b> <b>FT LAUDERDALE, FL 33309</b>				Name <b>STEWART A. MERKIN, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>444 Brickell Ave., Ste. 300</b> City <b>Miami</b> <b>FL</b> <b>33131</b>			
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:  DATE: <b>6-24-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COHERST, EMANUEL</b> <b>3590 NW 54TH STE 3</b> <b>FORT LAUDERDALE, FL 33309</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COHEN, EMANUEL</b> <b>3590 NW 54th Street, Ste. 3</b> <b>Ft. Lauderdale, FL 33309</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MILORITY, LAWRENCE S</b> <b>3590 NW 54TH STE 3</b> <b>FORT LAUDERDALE, FL 33309</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MILOWSKY, LARRY</b> <b>3590 NW 54th Street, Ste. 3</b> <b>Ft. Lauderdale, FL 33309</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.						<b>SIGNATURE:</b>  <b>EMANUEL COHEN, PRES.</b> <b>6-24-05</b> <b>954-321-1600</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	