


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>P97000675694</u>					
<b>1. Corporation Name</b> TAG POINT, INC.					
<b>2. Principal Office Address</b> 1876 N. UNIVERSITY DR			<b>3. Mailing Office Address</b> 1876 N. UNIVERSITY DR.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PLANTATION, FL			City & State PLANTATION, FL		
Zip 33322	Country USA	Zip 33322	Country USA	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 09/02/1997	
<b>5. FEI Number</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>7. Name and Address of Current Registered Agent</b>		
Name YOSEF OZ		
Street Address (P.O. Box Number is Not Acceptable) 1876 N. UNIVERSITY DR.		
Suite, Apt. #, Etc.		
City PLANTATION	State FL	Zip Code 33322

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-03/26/02--01045--011  
\*\*\*\*758.75 \*\*\*\*758.75

<b>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.</b>	
Signature of Registered Agent	Date 3/4/02
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	YOSEF OZ	1876 N. UNIVERSITY DR.	PLANTATION, FL 33322
	N/A		
	N/A		
	N/A		
	N/A		
	N/A		

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<b>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.</b>			
SIGNATURE:	<u>Yosef OZ</u>	Date 3/4/02	Daytime Phone # 7590045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (9/01)