

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 JUN 12 AM 9:47  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004159**

1. Corporation Name

Superior Label Systems, Inc.

Principal Place of Business

7500 Industrial Row Road  
 Mason, OH 45040

Mailing Address

SAME AS PRINCIPAL  
 PLACE OF BUSINESS

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

4. Date Incorporated or Qualified To Do Business in Florida

April 1999

5. FEI Number

31-0795528

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT**

97-99

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Jeff Kenny	7500 Industrial Row Road	Mason, OH 45040
C/D	Kenneth Kidd	7500 Industrial Row Road	Mason, OH 45040

100002940451--3  
 -07/23/99--01084--023  
 \*\*\*1050.00 - \*\*\*1050.00

8. Name and Address of Current Registered Agent

CT Corporation  
 1200 South Pine Island Road  
 Plantation, FL 33324

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City  
 State **FL** Zip Code

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.

Signature of Registered Agent

*Carol Record*

REGISTERED AGENT MUST SIGN

**Carol Record**  
 Assistant Secretary

Date

7-6-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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, upon 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)(b), 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:

*Kenneth S. Kidd*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99

513-459-2400

Date

Display Phone #

CR2088 (12-98)