

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 AUG 14 PM 3:25  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

CR2E041 (12/07)

DOCUMENT # M06000003598

1. Limited Liability Company's Name  
**Bluegrass Labels Company, LLC**

57

2. Principal Office Address - No P.O. Box # <b>814 Livingston Court</b>		3. Mailing Office Address <b>814 Livingston Court</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Marietta, GA</b>		City & State <b>Marietta, GA</b>	
Zip <b>30067</b>	Country <b>USA</b>	Zip <b>30067</b>	Country <b>USA</b>

4. State/Country of Formation <b>Delaware</b>	
5. Date Organized or Qualified To Do Business in Florida <b>06/27/2006</b>	
6. FEI Number <b>20-5002704</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <b>Corporation Service Company</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>		
Suite, Apt. #, Etc. <b>Tallahassee</b>		
City	State <b>FL</b>	Zip Code <b>32301</b>

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Michelle R. Vannoy **Michelle R. Vannoy, Asst. Vice President** Date Aug. 14, 2008

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Altivity Packaging, LLC	814 Livingston Court	Marietta, GA 30067

**REINSTATEMENT 2007-2008** 700134570677

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Roseann M. Alexander Date \_\_\_\_\_ Daytime Phone # **(770) 644-3337 I**

Typed or printed name of signing Managing Member/Manager **Roseann M. Alexander, Authorized Person of Member**



CORPORATION SERVICE COMPANY

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06000003598

RECEIVED

08 AUG 14 AM 10:57

ACCOUNT NO. : 0721000000  
 REFERENCE : 668903  
 AUTHORIZATION : *[Signature]*  
 COST LIMIT : \$ 217.50

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 4387724

FILED  
 08 AUG 14 PM 3:25  
 TALLAHASSEE, FLORIDA  
 DEPARTMENT OF STATE

ORDER DATE : July 31, 2008  
 ORDER TIME : 8:50 AM  
 ORDER NO. : 668903-633  
 CUSTOMER NO: 4387724

REINSTATEMENT

NAME: BLUEGRASS LABELS COMPANY, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS *[Signature]*

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