PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

K45084

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 24 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K45084

1. Corporation Name

PRIVATE LABEL PRODUCTIONS, INC.

REINSTATEMENT 1995-97

Principal Place of Business	
2502 N. ROCKY POINT DR.	2502 N. ROCKY POINT DR.
SUITE 1000	SUITE 1000
TAMPA, FL 33607	TAMPA, FL 33607

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 11/14/88

5. FEI Number 59-2922889 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	JAMES ROBERT SELIGMAN	8709 THORNWOOD LN.	TAMPA, FL 33615
V	BYRON L. LANCASTER	12508 MAVERICK COURT	TAMPA, FL 33626
			200002054002--5 -01/10/97--01067--001
			****575.00 ****575.00

8. Name and Address of Current Registered Agent

BYRON L. LANCASTER
2502 N. ROCKY POINT DR.
SUITE 1000
TAMPA, FL 33607

9. Name and Address of New Registered Agent

Name: VICTOR W. HOLCOMB
Street Address (P.O. Box Number Is Not Acceptable): 415 SOUTH HYDE PARK AVE.
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33606

CR2E040 (12/95)

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 _____ Date 12-23-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: _____ BYRON LANCASTER 12/23/96 813-289-4014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #