2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 12 AM 10:53

DOCUMENT # L05000066498

1. Entity Name
PRIVATE LABEL SOLUTION, LLC

Principal Place of Business	Mailing Address
421 BAKER AVENUE ALTAMONTE SPRINGS, FL 32714	421 BAKER AVENUE ALTAMONTE SPRINGS, FL 32714

02062007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~AQUA VITA, INC.~~
~~421 BAKER AVE~~NUE
~~ALTAMONTE SPRINGS, FL 32~~714

7. Name and Address of New Registered Agent

Name: DT WRITE ON WATER CORP.
Street Address (P.O. Box Number is Not Acceptable): 2401 N.W. 30 AVENUE
City: MIAMI FL Zip Code: 33142

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: X _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ ~~AQUA VITA, INC.~~ ~~421 BAKER AVENUE~~ ~~ALTAMONTE SPRINGS, FL 32~~714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500098449345 02/15/07--01040--017 **205.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DT WRITE ON WATER CORP. 2401 N. W. 30 AVENUE MIAMI, FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X _____ 2/6/07.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #