

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 421 BAKER AVENUE ALTAMONTE SPRINGS, FL 32714	Mailing Address 421 BAKER AVENUE ALTAMONTE SPRINGS, FL 32714
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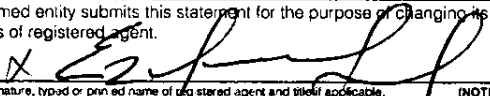
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
4. City & State Zip Country	City & State Zip Country



02062007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent AQUA VITA, INC. 421 BAKER AVENUE ALTAMONTE SPRINGS, FL 32714		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 33142	
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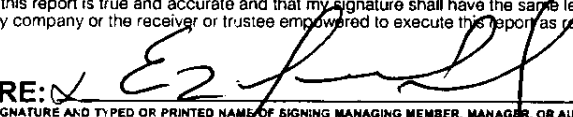
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AQUA VITA, INC. 421 BAKER AVENUE ALTAMONTE SPRINGS, FL 32714 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 500098448345 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:  DATE **2/6/07** DAYTIME PHONE # _____