

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000003598

1. Limited Liability Company's Name

Bluegrass Labels Company, LLC

27

2. Principal Office Address - No P.O. Box #

814 Livingston Court

Suite, Apt. #, etc.

City & State

Marietta, GA

Zip

30067

Country

USA

3. Mailing Office Address

814 Livingston Court

Suite, Apt. #, etc.

City & State

Marietta, GA

Zip

30067

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

06/27/2006

6. FEI Number

20-5002704

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

Tallahassee

City

State

FL

Zip Code

32301

☒ 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, 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
McRM	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

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

M

06000003598

RECEIVED

08 AUG 14 AM 10:57

ACCOUNT NO. : 0721000000

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
4387724

REFERENCE : 668903

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 217.50

ORDER DATE : July 31, 2008

ORDER TIME : 8:50 AM

ORDER NO. : 668903-633

CUSTOMER NO: 4387724

FILED
08 AUG 14 PM 3:25
TALLAHASSEE, FLORIDA

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]

908A00046436