

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2008 NOV 24 AM 10:47

RECEIVED  
FLORIDA

DOCUMENT # P03000117529

1. Corporation Name

24/7 Label Co.

12.2

100138236601  
11/24/08--01053--001 \*\*300.00

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

5150 SW 48<sup>th</sup> Way - SAME

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 604

City & State

DAVIE, FL

City & State

Zip

Country

33314

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Ralph Murphy

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

2881 Hidden Hollow Lane

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

REINSTATEMENT 07-08

4. Date Incorporated or Qualified To Do Business in Florida

10/21/03

5. FEI Number

47-0934186

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Ralph Murphy

REGISTERED AGENT MUST SIGN

Date 11-18-08

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip        |
|--------|-----------------------------------|--|---------------------------|
| P      | Mary J. Murphy                    | 5150 SW 48 <sup>th</sup> way                   | Suite 604 DAVIE, FL 33314 |
|        |                                   |  |                           |
|        |                                   |  |                           |
|        |                                   |  |                           |
|        |                                   |  |                           |
|        |                                   |  |                           |

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-08

Date

954-792-2257

Daytime Phone #