PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris - FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 DEC 13 PM 6: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA DOCUMENT # P980000 30916 1. Corporation Name NOT ONLY LABELS, FRE Mailing Address Principal Flace of Business f.o. Box 770872 STRINGS FL 33077-0872 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2 New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida APRIL 1, 1998 Suite, Apl. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0838473 City & State City & State Not Applicable \$8.75. Additional February ared Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Name3 and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip 2002 N.W. 110 TH LANG CORAL STRINGS, FL 33071 STEVEN KLIEGHAN 000003078310--4 -12/22/99--01081--007 \*\*\*\*150.00 \*\*\*\*150.00 9. Name and Address of New Registered Agent B. Name and Address of Current Registered Agent STEVEN KLIE GMA. Street Address (P.O. Box Numb CR2E081 2002 State Zip Code CORAL STRINGS 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 REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🔲 No 🗀 Intangible Personal Property Tax due June 30. 12 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 filling 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 under section 119.07(3)(i), 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.

## DAVID J. REINGOLD 6136 BRIGHTWATER TERRACE BOYNTON BEACH, FLORIDA 33437 Accountant & Tax Specialist (561) 637-0435

November 25, 1999

Florida Department of State Katherine Harris Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Not Only Labels, Inc. FEI Number: 65-0838473 Application For Reinstatement

Year: 1998

Profit Corp. Annual Report

Dear Ms. Harris:

We never received any notice to file a Profit Corporation Annual Report for the year 1998. There was a change in the registered agent and the address, which was the attorney's address. It appears that these notices were never forwarded to us.

Therefore, please reinstate the above corporation and waive the late fees.

Enclosed is a check in the amount of \$150.00 payable to Department of State.

Thank you.

Sincerely,

David J. Reingold