2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

07 JAN -2 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10202006 REIN-P CR2E098 (11/05)

DOCUMENT # S23265

1. Entity Name
SPECTRUM LABELS, INC.

Principal Place of Business	Mailing Address
50 NE 210 STREET MIAMI, FL 33179	50 NE 210 STREET MIAMI, FL 33179

2. Principal Place of Business	3. Mailing Address
145 CURTISS PKY	145 CURTISS PKY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI SPRINGS, FL	City & State: MIAMI SPRINGS, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 65-0238380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAZZARI, FRANK C 50 NE 210 STREET MIAMI, FL 33179	Name: LINDA H CARLSON, ESQ Street Address (P.O. Box Number is Not Acceptable): 145 CURTISS PKY City: MIAMI SPRINGS FL Zip Code: 33166

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: Linda H. Carlson 12-23-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FAZZARI, FRANK C 50 NE 210 STREET MIAMI, FL 33179	☒ Delete deceased	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FAZZARI, FRANCIS M. 145 CURTISS PKY MIAMI SPRINGS, FL 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LEON, REINALDO 2821 N.W. 175 STREET MIAMI, FL 33056	☒ Delete RESIGNED	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200083983962 01/11/07--01005--007 **308.75	☐ Change ☐ Addition
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 06-07	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12/28/06 941-360-3996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #