
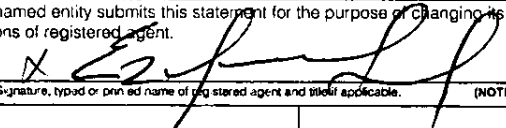
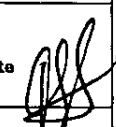
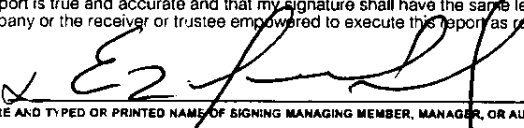


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 12 AM 10:53

<b>DOCUMENT # L05000066498</b> 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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 Zip Code 33142	
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: _____					
<b>FILE NOW!!! FEE IS \$200.00</b>			Make check payable to Florida Department of State 		
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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DT WRITE ON WATER CORP. 2401 N. W. 30 AVENUE MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 2/10/07.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



02062007 REIN-LLC CR2E101 (1/07)

REINSTATEMENT 06-07