

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000071608

**FILED  
Feb 03, 2007  
Secretary of State**

**Entity Name:** LABELING SYSTEMS SERVICES, INC.

**Current Principal Place of Business:**

8156 128TH STREET N  
SEMINOLE, FL 33776

**New Principal Place of Business:**

**Current Mailing Address:**

8156 128TH STREET N  
SEMINOLE, FL 33776

**New Mailing Address:**

**FEI Number:** 54-2152855      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

TOMPKINS, KIMBERLY A VP  
8156 128TH ST  
SEMINOLE, FL 33776      US

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.

SIGNATURE: KIMBERLY A TOMPKINS      02/03/2007  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: TOMPKINS, ALLAN F  
Address: 8156 128TH STREET N  
City-St-Zip: SEMINOLE, FL 33776

Title: D      ( ) Delete  
Name: TOMPKINS, KIMBERLY A  
Address: 8156 128TH STREET N  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY A TOMPKINS      VP      02/03/2007  
Electronic Signature of Signing Officer or Director      Date