

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JUN 17 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03

DOCUMENT # **F-01000000953**

1. Corporation Name

**YOUR OPTION INC**

2. Principal Office Address

**11020 MILL POND CT**

Suite, Apt. #, etc.

3. Mailing Office Address

**S-AMC-**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE FL**

City & State

Zip

**32257**

Country

**US**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**JULY 1 2001**

5. FEI Number

**593581245**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**DON SHAPRAY**

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

**11020 MILL POND CT-**

Suite, Apt. #, Etc.

**2**

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32257**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**6/10/03**

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
<b>CEO</b>	<b>Don Shapray</b>	<b>11020 MILL POND CT</b>	<b>JACKSONVILLE FL 32257</b>

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 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**6/10/03**

Daytime Phone #

**904-880-3464**

**6/11**

CR2E08 (10/02)

## **Your Option Inc.**

11020 Mill Pond Ct. Jacksonville Fl. 32257

June 10, 2003

State of Florida  
Dept of Corporations  
PO Box 6327  
Tallahassee Fl. 32314

Dear Sirs:

I would sincerely appreciate if you would waive the reinstatement fee for our corporation. We did not receive the annual information filing form, nor did we know of the need to file it, being a Delaware corporation, doing business strictly on the internet by e mail . I am a one man Business Educator, and do not have any subscribers visit my home where I maintain a small office. The fine for reinstatement would impose an impossible financial burden on me, which I could not possibly pay. I thought that H & R Block Premium that handles our taxes took care of all the state required forms for us. Your compassion would be deeply appreciated. I am enclosing a check for \$ 300 covering filing fees for 2002 and 2003.

Sincerely,



Don Shapray Pres.