


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2007 JUL 10 PM 1:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 604-614 1. Limited Liability Company's Name J3 Advertising, LLC					
2. Principal Office Address - No P.O. Box # 2944 Lowell Ct Suite, Apt. #, etc. N/A City & State Casselberry, FL Zip 32707 Country USA		3. Mailing Office Address 2944 Lowell Ct Suite, Apt. #, etc. N/A City & State Casselberry, FL Zip 32707 Country USA		4. State/Country of Formation FL / USA 5. Date Organized or Qualified To Do Business in Florida 05 Jan 2004 6. FEI Number 20-0549609 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Julius Anthony Melendez Street Address (P.O. Box Number is Not Acceptable) 3028 Goodrick Ln Suite, Apt. #, Etc. N/A City Kissimmee State FL Zip Code 34743				<input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Julius Anthony Melendez Date 06 June 2007 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGRM	Julius Anthony Melendez	3028 Goodrick Ln	Kissimmee/FL/34743		
			100106016711 07/12/07--01045--015 **205.00		
			REINSTATEMENT 0507		
			AL		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Julius Anthony Melendez Date 06 June 2007 Daytime Phone# (407) 729-1640 Typed or printed name of signing Managing Member/Manager Julius Anthony Melendez					