

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000014557

1. Entity Name  
RDJ PRODUCTIONS & MARKETING, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 23 AM 9:22

Principal Place of Business  
3542 HYPOLUXO RD., SUITE 320  
LAKE WORTH, FL 33467

Mailing Address  
3542 HYPOLUXO RD., SUITE 320  
LAKE WORTH, FL 33467

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

01162007 REIN-LLC CR2E101 (1/07)

4. FEI Number

900220913

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROOKS, RONALD  
3542 HYPOLUXO RD., SUITE 320  
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Ronald L. Rooks (Manager) *Ronald L. Rooks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-15-07

DATE

FILE NOW!!! FEE IS \$100.00

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME ROOKS, RONALD  
STREET ADDRESS 5355 FEARNLEY RD  
CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ Delete

TITLE MGRM  
NAME ROOKS, DAYANA  
STREET ADDRESS 5355 FEARNLEY RD  
CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300086236513  
01/25/07--01042--019 \*\*105.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
06-07

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Ronald L. Rooks* Ronald L. Rooks (Manager)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-15-07

Date

(561) 267-7369

Daytime Phone #

(561) 942-8055