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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

CORPORATION REINSTATEMENT**R&J MEDIA OPTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,200.00

→ \$600.00

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2009 FEB -3 A 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000077684

1. Corporation Name

R&J MEDIA OPTIONS, INC.

2. Principal Office Address - No P.O. Box #
749 US Highway #1

3. Mailing Office Address
749 US Highway #1

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.
Suite 202

City & State
North Palm Beach, Florida

City & State
North Palm Beach, Florida

Zip
33408

Country
USA

Zip
33408

Country
USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida **05/13/2004**

5. FEI Number

☒ 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
JOSEPH FAILLA

Street Address (P.O. Box Number is Not Acceptable)
749 US Highway #1

Suite, Apt. #, etc.
Suite 202

City
North Palm Beach

State
FL Zip Code
33408

☒ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of
Registered Agent

[Signature]

Joseph Failla, by V. Paaz as attny-in-fact Date 02/03/2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	JOSEPH FAILLA	749 US Highway #1, Suite 202	North Palm Beach, FL 33408

REINSTATEMENT

06-09

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 807.0401 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 contained in Chapter 119, 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]

Joseph Failla, by V. Paaz as attny-in-fact 02/03/2009

(561) 995-1966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #