

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 19 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000069076

1. Limited Liability Company's Name

ALWAYS Believe, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

3417 SE JAMAICA W. 3417 SE JAMAICA W.

Suite, Apt. #, etc.

3. Mailing Office Address

3417 SE JAMAICA W.

Suite, Apt. #, etc.

City & State

STUART FLA

City & State

STUART FLA

Zip

34997

Country

USA

Zip

34997

Country

USA

4. State/Country of Formation

FLA

USA

5. Date Organized or Qualified
To Do Business in Florida

9/22/04

6. FEI Number

41-2224272

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CRAIG O'CALLAGHAN

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

3417 SE JAMAICA LANE

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/18/07

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
Pres	CRAIG O'CALLAGHAN	3417 SE JAMAICA LANE	STUART FLA. 34997
V.P.	PAT WALSH	P.O. BOX 33131	PALM BEACH GARDENS, FLA. 33420

900086237479

01/25/07--01043--006 **150.00

REINSTATEMENT 05-07

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

[Signature]

Date

1/18/07

Daytime Phone #

(727) 215-7212

Typed or printed name of signing Managing Member/Manager