2024 SEP -5 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22000534604

1. Limited Liability Company's Name
OUALIE MARKETING LLC

600438808826
03/13/24--01009--001 **377.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2226 KYLAR DR NW	2226 KYLAR DR NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BAY, FL	City & State: PALM BAY, FL
Zip: 32907 Country: USA	Zip: 32907 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12/22/2022

6. FEI Number: 92-1486037 ☐ 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: Gerald A Browne

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 2226 KYLAR DR NW

City: PALM BAY State: FL Zip Code: 32907

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 8/30/2024

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	ANGELIQUE BROWNE	2226 KYLAR DR NW	PALM BAY, FL 32907

11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0112, 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; I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony, as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 8/30/24 Daytime Phone # 917-207-8404

Typed or printed name of signing authorized representative/member _____