

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

01 OCT 15 PM 4:10

DOCUMENT # P00000035811

1. Corporation Name

ALWAYS BUSINESS, INC.

Principal Place of Business

Mailing Address

2001 PALM BEACH LAKES BLVD., SUITE 205 WEST PALM BEACH FL 33407

2001 PALM BEACH LAKES BLVD., SUITE 205 WEST PALM BEACH FL 33407



REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/05/2000

SP

Suite, Apt. #, etc. N/A

Suite, Apt. #, etc. N/A

5. FEI Number

650998946

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PD, HENRY, ETHEL, 2001 PALM BEACH LAKES BLVD., SUI, WEST PALM BEACH FL 33407.

600004658616--4 -10/30/01--01021--017 ****758.75 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENRY, ETHEL 2001 PALM BEACH LAKES BLVD., SUITE 205 WEST PALM BEACH FL 33407

Form for New Registered Agent with fields: Name, Street Address, Suite, Apt. #, Etc., City, State (FL), Zip Code.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Signature of Ethel Henry and 'SIGNATURE REQUIRED' stamp

Date 10-11-01

REGISTERED AGENT MUST SIGN

11. 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 607.0401 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 under section 119.07(3)(j), 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: Ethel Henry ETHEL HENRY 10-11-01 5612424919 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)