

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DATE OF INCORPORATION  
2021 APR -9 PM 12:07

DOCUMENT # P14000087048

1. Corporation Name

A AND D FAMILY FASHIONS, INC

800362857179  
04/09/21--01003--001 \*\*20.00

03/26/21--01024--018 \*\*438.75  
800362857179  
03/26/21--01024--018 \*\*438.75

CR2E081 (11/10)

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

1026 NW 10TH AVE

Suite, Apt. #, etc

3. Mailing Office Address

4749 NW 1ST COURT

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE  
FLORIDA

City & State

PLANTATION, FL

Zip

33311

Country

USA

Zip

33317

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/2014

5. FEI Number

47-2170522

Applied For

Not Applicable

6.  CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANNA CASSEUS

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

4749 NW 1ST COURT

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Anna Casseus*

Date

3/23/2021

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ANNA CASSEUS	4749 NW 1ST COURT	PLANTATION FL 33317
<p><b>REINSTATEMENT</b></p> <p>APR 09 2021</p> <p>R. HUNT</p>			

10. E-mail Address:

antearne@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, 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 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:

*Anna Casseus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/2021 954-843-8045

829825334535