PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A COLOR	SI ODIOA DEGLIDAVENE OF STATE		07175	FILED 2024 APR -4 PM 2: 36		
CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # P17000095026 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FL		
All Day Everyday INC						
			57 01/1:	DEPSE 7:3 1/2401:005	. 2515 910 - **169.99	
		Mailing Office Address 13990 W Dixie Hwy				
Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		CR2E081 (11/10) 4. Date incorporated or Qualified		
City & State	City & State	City & State		siness in Florida	11-29-17	
North Miami , Fl	North	North Miami ,FI		er	X Applied For Not Applicable	
33161 Country USA	33161	Country USA	6. CERTIFICA	TE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent				<u> </u>		
Sidama Investment and Development LLC						
Street Address (P.O. Box Number is Not Acceptable) 1411 NW 114th St						
Suite, Apt. #, Etc.						
City Miami State 3316 S						
8. I, being appointed the registered agent of the a	above named corpo	vation, am familiar with and	accept the obligations of sec	lion 607,0505 or 617,050	03, F,S.	
Signature of Registered Agent				Date 12/2	29/23	
	ÆEGISTERED AG			· - · · · -		
Titles Name of	s and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at Name of Street Address of Ea Officers and/or Directors Officer and/or Direct		tress of Each	Clty / State / Zip		
P Wilner Fertilien		1141 NW 114	th St	Miami Fl	33168	
			. • •			
				<u> </u>		
			8105	2034		
	<u></u>				APR 0 4 2024	
					n CUSHING	
10. E-mail Address: sfertilien@	@gmail.com	fin he mad for fidure	annual report notification)			
11. I certify that I am an officer or director or the re-	ceiver or trustee en			apter 607 or 617, F.S. I furthe	er certify that when lang 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 it made under out. I am aware that large 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-987-9741

Daytime Phone #

12-28-23

Date

SIGNATURE: