

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 11 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **097000089896**

1. Corporation Name

A & L ENTERPRISES, INC.
2432 MIDDLE RIVER DRIVE
FT. LAUDERDALE, FL. 33305

2. Principal Office Address

2432 MIDDLE RIVER DRIVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL. 33305

City & State

Zip

Country

Zip

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-16-97

5. FEI Number

65-0789171

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 DOYAN

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

2432 MIDDLE RIVER DRIVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State
FL

Zip Code
33305

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

REGISTERED AGENT MUST SIGN

Anna Doyan

Date *01/03/01*

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-	ANNA DOYAN	2432 MIDDLE RIVER DR.	FT. LAUDERDALE, FL. 33305

REINSTATEMENT

00-01

10. 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)(i), 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.

ANNA DOYAN, PRES.

Anna Doyan

10/29/00

954 630 0083

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #