

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN -7 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000093098

1. Corporation Name

A & D ENTERTAINMENT, INC.

**REINSTATEMENT** 00-02

2. Principal Office Address

1900 Okeechobee Blvd.

Suite, Apt. #, etc.

A-1

City & State

West Palm Beach, FL

Zip

33401

Country

United States

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/1998

5. FEI Number

650874418

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

Richard T. Davis

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

250 Australian Avenue South

Suite, Apt. #, Etc.

1601

City

West Palm Beach

State  
FL

Zip Code  
33401

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

*Richard T. Davis*

REGISTERED AGENT MUST SIGN

Date 11/19/2002

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
D	Christopher Marrero	1900 Okeechobee Blvd., A-1	West Palm Beach, FL 33401

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.

SIGNATURE:

*Richard T. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/2002

Date

561-659-5522

Daytime Phone #

CR2081 (9/01)

CAMERON, DAVIS, GONZALEZ & DECARLO, P.A.  
TRUST ACCOUNT  
11/19/2002

2021

Payee: FLORIDA DEPARTMENT OF STATE  
Amount: \$1,050.00 For: Reinstatement Fees

Matter ID:  
07138

Matter Name  
Marreiro Enterprises, Inc.

Check # 2021  
Request # 5047  
By JEH  
Amount  
\$1,050.00

Safeguard  
UNFO USA SPS-1 (02/06/17) (20)

REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR. IF UNKNOWN, CALL 800-533-2422

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