

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

600023959986
10/21/03--01017--010 **750.00

DOCUMENT # P98000093098

1. Corporation Name

A & D Entertainment of the
Palm Beaches, Inc

2. Principal Office Address

1900 Okeechobee Blvd

3. Mailing Office Address

1900 Okeechobee Blvd.

Suite, Apt. #, etc.

Suite A-1

Suite, Apt. #, etc.

Suite A-1

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip
33401

Country
USA

Zip
33401

Country
USA

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

11/3/98

5. FEJ Number

65-0874418

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

Dellesa Y. Johnson

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

181 Lake Arbor Dr.

Suite, Apt. #, Etc.

City

Palm Springs

State

FL

Zip Code

33461

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**

X / Delles Y. Johnson
REGISTERED AGENT MUST SIGN

Date 10/12/2003

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
<u>Pres.</u>	<u>Robert Harvey</u>	<u>1144 E. 37th St</u>	<u>Brooklyn NY 11210</u>
<u>V. Pr.</u>	<u>Dellesa Y. Johnson</u>	<u>181 Lake Arbor Dr.</u>	<u>Palm Springs FL 33461</u>

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: Robert Harvey AKA yvel Juelich 10/14/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **Daytime Phone #**

7/10/22