

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S42209**

1. Corporation Name

A,A&L Enterprises, Inc.

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

4000 NW 25th Way

Suite, Apt. #, etc.

3. Mailing Office Address

4000 NW 25th Way

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Boca Raton, Florida

Zip

33434

Country

USA

Zip

33434

Country

USA

600184077126  
08/05/10--01030--014 \*\*3000.00

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 03/29/1991

5. FEI Number

650256050

☐ 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

Andrei Berger

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

4000 NW 25th Way

Suite, Apt. #, Etc

City

Boca Raton

State

FL

Zip Code

33434

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

Date 08/03/10

**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
CEO	Andrei Berger	4000 NW 25th Way	Boca Raton, FL 33434

10. E-mail Address: andyberger@theexpogroupinc.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., 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.

SIGNATURE:

Andrei Berger 08/03/10

561-756-3207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #