

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


05 OCT 18 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~RECEIVED~~ OCT 24 2005

REINSTATEMENT 0105

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000032148

1. Corporation Name
Fashion Bug 3449, Inc

2. Principal Office Address 3750 State Rd		3. Mailing Office Address 3750 State Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. BSC Tax Dept	
City & State Bensalem, PA		City & State Bensalem, PA	
Zip 19020	Country	Zip 19020	Country

4. Date Incorporated or Qualified To Do Business in Florida 03/29/2000	Applied For <input type="checkbox"/>
5. FEI Number 52-2236197	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS ST

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

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 Elizabeth R. Komieczny Date 10-7-05

REGISTERED AGENT MUST SIGN

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/T	ERIC SPECTER	3750 STATE RD	BENSALEM, PA 19020
D/V	NEAL GLUECK	3750 STATE RD	BENSALEM, PA 19020
D/V/S	KATHLEEN LIEBERMAN	3750 STATE RD	BENSALEM, PA 19020
D/V	JOHN SULLIVAN	3750 STATE RD	BENSALEM, PA 19020

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10/18/05--01071--014 **1350.00

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: [Signature] Date 10/5/2005 Daytime Phone # 215-638-6837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR