


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

500.00

2001  
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
01 AUG -9 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051526

1. Corporation Name  
Fashion Bug # 3476, Inc.

2. Principal Office Address 13221 West Colonial DR Suite, Apt. #, etc.		3. Mailing Office Address 3750 State Road Suite, Apt. #, etc.	
City & State Winter Garden FL		City & State Bensalem PA	
Zip 34787	Country	Zip 19020	Country Bucks

4. Date Incorporated or Qualified To Do Business in Florida 5/25/2000

5. FEI Number 52-2249439 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 CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road  
Suite, Apt. #, Etc.  
City Plantation  
State FL Zip Code 33324

300004538733-6  
-08/16/01--01073--006  
\*\*\*6622.50 \*\*\*\*550.00  
300004538733-6  
-08/16/01--01073--007  
\*\*\*\*\*87.50 \*\*\*\*\*8.75

8.  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 PETER F. SOUZA  
ASSISTANT SECRETARY Date 7/27/01

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
Pres	Dorrit Bean	450 Winks Lane	Bensalem PA 19020
V-Pres VP/sec	John Sullivan	450 Winks Lane	Bensalem PA 19020
Treas	Eric Specker	450 Winks Lane	Bensalem PA 19020
Dir	Dorrit Bean	450 Winks Lane	Bensalem PA 19020

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: John Sullivan 7/12/01 (215)633-4883  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)