

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 02 APR -4 PM 3:52

DOCUMENT # **P0000108941**

1. Corporation Name  
**FASHION BUG #3554, INC.**

1098 / Not open  
**REINSTATEMENT 01-02**

Principal Place of Business Mailing Address  
 450 WINKS LN 450 WINKS LN  
 BENSALEM PA 19020 BENSALEM PA 19020



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

04/25/01 90359 001 \$150.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/22/2000	
City & State		City & State		5. FEI Number	
Zip		Country		Not Avail yet	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BERN, DORRIT J	450 WINKS LN	BENSALEM PA 19020
D	LIEBERMAN, KATHLEEN H	450 WINKS LN	BENSALEM PA 19020
D	SPECTER, ERIC M	450 WINKS LN	BENSALEM PA 19020
D	GRAUB, JONATHON	450 WINKS LN	BENSALEM PA 19020
D	John, Sullivan	↓	↓ Bw/b

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. <del>400005308594-6</del> City <del>FL</del> State <del>FL</del> Zip <del>33324</del>	
		-04/19/02--01064--015 ****750.00 State #2406750.00	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: **BARBARA A. BURKE**  
 REGISTERED AGENT MUST SIGN  
 SPECIAL ASSISTANT SECRETARY  
 Date: **4-1-02**

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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **12/28/01**  
 Daytime Phone #: **(215)633-4883**

CP2E040 (8/01)