

APPROVED  
AND  
FORM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 OCT 18 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000034774

1. Corporation Name

FASHION BUG PLUS 8064, INC

2. Principal Office Address

3750 STATE RD

Suite, Apt. #, etc.

City & State

BENSALEM, PA

Zip

19020

Country

3. Mailing Office Address

3750 STATE RD

Suite, Apt. #, etc.

BSC TAX DEPT

City & State

BENSALEM, PA

Zip

19020

Country

**REINSTATEMENT 02-05**

4. Date Incorporated or Qualified To Do Business in Florida

04/05/2001

5. FEI Number  
90-0125754

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

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 B. Konecny*  
REGISTERED AGENT MUST SIGN

Date

10-7-05

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
			100060722001 10/18/05--01071--013 **1200.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/5/2005

215-638-6837

Daytime Phone #