

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
FOR
REINSTATEMENT

FILED

00 NOV -3 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000095198

1. Corporation Name

FASHION BUG #3389, INC.

Principal Place of Business

Mailing Address

MELBOURNE VILLAGE SHOPPING CENTER
WICKHAM RD. AND EAU GAILLE RD.
MELBOURNE FL 32901

MELBOURNE VILLAGE SHOPPING CENTER
WICKHAM RD. AND EAU GAILLE RD.
MELBOURNE FL 32901



REINSTATEMENT

2000

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

23-3031006

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$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	GOLDBERG, JON A	450 WINKS LN.	BENSALEM PA 19020
D	LIEBERMAN, KATHLEEN H	450 WINKS LN.	BENSALEM PA 19020
D	GRAUB, JONATHON	450 WINKS LN.	BENSALEM PA 19020
D	SPECTER, ERIC M	450 WINKS LN.	BENSALEM PA 19020

LS 1

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. 500009463875
City 11/15/00 - 01032 - 022
State Zip Code ***750-00 FL ***750-00

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

Margaret E. Nautsch
REGISTERED AGENT MUST SIGN

Margaret E. Nautsch
Asst. Secy. Date 11/2/00

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:

Kathleen H. Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/00

CR2E040 (R00)