

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 23 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005336

1. Corporation Name
House of Brides, Inc.

2721 Airport Blvd.
2721 Airport Blvd.

2. Principal Office Address
2721 Airport Blvd.

3. Mailing Office Address
2721 Airport Blvd.

Suite, Apt. #, etc.

City & State
Mobile, AL

Zip Country
36606 USA

4. Date Incorporated or Qualified
To Do Business in Florida 05/27/1976

5. FEI Number
63-0766716

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03.04
200039488492
07/23/04--01079--006 **300.00

7. Name and Address of Current Registered Agent

Name
Linda Trask

Street Address (P.O. Box Number is Not Acceptable)
503 Brent Lane

Suite, Apt. #, Etc.
C

City State Zip Code
Pensacola FL 32503

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 *Linda Trask* Date 07/20/2004
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	Norma J. Shorey	5417 Greenleaf Road	Mobile, AL 36693

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: *Norma J. Shorey* Date 07/20/2004 Daytime Phone # 251-661-5919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

House of
BRIDES
BRIDALS & FORMALS

July 19, 2004

Florida Department of State
Secretary of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314


Dear Sir or Madam:

Enclosed you will find a copy of our 2003 UBR and a check. We have discovered that our check never cleared the bank. I called your office this morning and spoke with an examiner by the name of Gary to check our status. He advised me to go on-line to retrieve the report and file it along with a check for \$300.00. Thus, we are doing so.

We are respectfully asking you to waive the reinstatement fees since we have received no notices in regards to the delinquent 2003 UBR.

Please contact me at (251) 583-4921 if there are any additional reports or information necessary.

Sincerely,



Linda Trask
Bookkeeper