

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

500.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG -9 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001
UBR
DOCUMENT # P000000051526

1. Corporation Name

Fashion Bug # 3476, Inc.

2. Principal Office Address

13221 West Colonial DR

Suite, Apt. #, etc.

City & State

Winter Garden FL

Zip

Country

34787

3. Mailing Office Address

3750 State Road

Suite, Apt. #, etc.

City & State

Bensalem PA

Zip

Country

19020

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Sullivan 7/12/01 (215) 633-4883

CR2E081 (9/00)