

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 19 PH 3:14

DOCUMENT # 00000084518

1. Corporation Name

FASHION Bug # 3528, INC

2. Principal Office Address

Fashion Bug # 3528, INC

Suite, Apt. #, etc.

6571 S. Tamiami Trail

City & State

Sarasota FL

Zip

34231

Country

US

3. Mailing Office Address

Fashion Bug # 3528, INC

Suite, Apt. #, etc.

3750 State Road 7-B13

City & State

Bensalem PA

Zip

19020

Country

US

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-7-00

5. FEI Number

23-3076049

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

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

Connie Bryan

REGISTERED AGENT MUST SIGN

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Date

12/19/02

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 M. Specter	450 Winks Lane	Bensalem PA 19020
V/D/S	Kathleen H. Lieberman	450 Winks Lane	Bensalem PA 19020
V/D	John J. Sullivan	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:

Kathleen H. Lieberman - KATHLEEN H. LIEBERMAN, 12/18/02 - 215-638-6986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28 12/19