

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 02000110538*

1. Corporation Name

FASHION BUG PLUS # 8080, INC.

2. Principal Office Address - No P.O. Box #

3750 STATE RD

Suite, Apt. #, etc.

City & State

BENSALEM, PA

Zip

19020

Country

USA

3. Mailing Office Address

3750 STATE RD

Suite, Apt. #, etc.

BSC TAX DEPT

City & State

BENSALEM, PA

Zip

19020

Country

USA

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

REGISTERED AGENT MUST SIGN

Date

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
DIR	<i>KATHLEEN LIEBERMAN</i>	<i>3750 STATE RD</i>	<i>BENSALEM, PA 19020</i>
DIR	<i>JOHN SULLIVAN</i>	<i>3750 STATE RD</i>	<i>BENSALEM, PA 19020</i>

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 contained in Chapter 119, 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

1-15-09

Date

215-633-4624

Daytime Phone #

REINSTATEMENT

03-09

900141893789

01/23/09--01050--023 **1050.00

4. Date Incorporated or Qualified To Do Business in Florida

10-7-02

5. FEI Number

43-2017786

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

1270