

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000119533

1. Entity Name

~~FASHION & BRIDAL ACCESSORIES, INC.~~

~~ISABELL'S FORMAL FASHIONS & Brides, Inc.~~



FILED

08 OCT 27 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

266 BARTON BLVD

ROCKLEDGE, FL 32951

777 East Merritt Island Causeway F21

MERRITT ISLAND, FL 32952

Mailing Address

266 BARTON BLVD

ROCKLEDGE, FL 32951

777 East Merritt Island Causeway F21

Merritt Island, FL 32952

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10162008

REIN-P

CR2E098 (1/07)

4. FEI Number

20-5556751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DICKSON, CHARLES B

3922 POPLAR PLACE

COCOA, FL 32926

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

✓ 10/21/08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME DICKSON, CHARLES B ☐ Delete  
STREET ADDRESS 3922 POPLAR PLACE  
CITY-ST-ZIP COCOA, FL 32926

TITLE D  
NAME DICKSON, CARMELL ☐ Delete  
STREET ADDRESS 3922 POPLAR PLACE  
CITY-ST-ZIP COCOA, FL 32926

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 300137323643  
STREET ADDRESS 10/27/08--01053--004 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 10/24/08 ✓ 321 449 0409  
Date Daytime Phone #

10/27  
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