

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P06000119533



1. Entity Name
FASHION & BRIDAL ACCESSORIES, INC.
Sabell's Formal Fashion & Bridal

Principal Place of Business
266 BARTON BLVD
ROCKLEDGE, FL 32951
7777 East Merritt Island Causeway F-21
MERRITT ISLAND, FL 32952

Mailing Address
266 BARTON BLVD
ROCKLEDGE, FL 32951
7777 East Merritt Island Causeway F-21
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

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DICKSON, CHARLES B
3922 POPLAR PLACE
COCOA, FL 32926

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, CHARLES B 3922 POPLAR PLACE COCOA, FL 32926	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300137323643 10727/08--01053--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, CARMELL 3922 POPLAR PLACE COCOA, FL 32926	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

10/21/08 3214490409
Daytime Phone #

10/27
DW