

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB -4 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26509**

1. Corporation Name

PENNSYLVANIA FASHIONS, INC.

2. Principal Office Address

155 THORNHILL RD.

Suite, Apt. #, etc.

City & State

WARRENDALE, PA.

Zip

15086-7527 USA

3. Mailing Office Address

155 THORNHILL RD.

Suite, Apt. #, etc.

City & State

WARRENDALE, PA.

Zip

15086-7527 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-17-89

5. FEI Number

251311645

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 S. 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

Marcey L. Smith, Asst. SECRETARY OF STATE

Date **January 30, 2002**

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
CP	ROBERT FISCH	155 THORNHILL RD.	WARRENDALE, PA. 15086
S	RICK WELKER	155 THORNHILL RD.	WARRENDALE, PA. 15086
D	JOHN MEGRINE	262 HARBOR DRIVE	STAMFORD, CT. 06902
D	DAVID ODDI	262 HARBOR DRIVE	STAMFORD, CT. 06902

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:

RICK WELKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

724-776-9780

Daytime Phone #

CR2E081 (8/01)