

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG -7 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000013133

1. Corporation Name

David's Bridal of Coral Gables, Inc.

2. Principal Office Address

1001 Washington St.

Suite, Apt. #, etc.

City & State

Conshohocken, PA

Zip

19428

Country

Montgomery

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CA-00

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

2/7/97

SP

5. FEI Number

23-2937462

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

C T Corporation System

100003362051--8

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

Connie Bryan, Special Asst. Secy.

REGISTERED AGENT MUST SIGN

Date 8/7/00

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.S	Steven Erlbaum	1001 Washington St.	Conshohocken, PA 19428

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Erlbaum

8/01/00 610-896-2111

Date

Daytime Phone #

CR2E081 (9/99)